A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons,

BY JOHN HILTON, ESQ., F.R.S.,
SURGEON TO GUY'S HOSPITAL,
PROFESSOR OF ANATOMY AND SURGERY TO THE ROYAL COLLEGE OF SURGEONS.

LECTURE V.—PART III.

ON looking at the late Mr. Bransby Cooper's description of a Chinese lady's feet, I find that no mention is made of any disease of the structures forming the articulations. The joints are distorted, and the whole foot dwarfed by rest and pressure; yet, as far as I can see on examining the dried preparation, no bony anchylosis has occurred in any of the articulations.

It so happens that this College is rich at this time in Chinese ladies' feet, and I place before you a very good specimen, which I shall employ for the purpose of sustaining the view that I entertain regarding the non-deteriorating influence of rest in healthy joints. Here is a large drawing of the preparation which

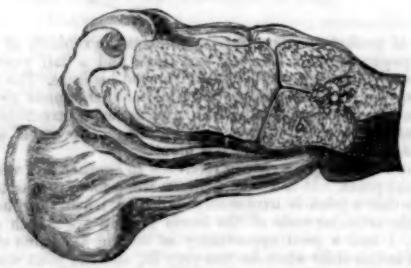
FIG. 33.

This sketch represents a vertical section of the foot of a Chinese lady. The specimen belongs to the College of Surgeons, and has been preserved in spirits of wine. The bones are numbered.
1, Tibia. 2, Astragalus. 3, 3, Os calcis. 4, Scaphoid. 5, Cuneiform. 6, Metatarsal bone, with phalanges appended.
It will be noted that all the joints between the different bones remain perfect, although the shapes and directions of the articular surfaces have been rendered very abnormal by rest and long-continued mechanical pressure upon the foot.

is in the bottle. I do not know how old the lady was, but we may fairly presume, looking to the appearance of the bones, that she had arrived at, or beyond, the age of puberty. Now these joints have been compressed upon each other during twenty or thirty years, and yet these same articular surfaces are in a perfect condition; the articular structures are not in the slightest degree deteriorated by it. If one were asked to produce a notable instance where pressure and constrained position are exerted upon joints by the strong competition carried on for many years between the efforts of nature from within and the application of brute human force from without, and no injury to them, this is surely the one. Yet there never was a case in which the conclusion could be more manifest than in this, for the articular surfaces are perfectly entire and healthy. In a note that I had from Dr. Barder, one of the curators of the College Museum, on the 23rd of January, 1861, he says, "The articular cartilages from the articulation of the Chinese foot are microscopically perfectly healthy." This illustration ought, I think, to displace the illegitimate fear and apprehension, that continued mechanical rest to joints leads to their irreparable deterioration.

Then take another instance. If you strap up a foot firmly in order to cure disease of one of the tarsal joints, do the other tarsal joints become anchylosed? Certainly not necessarily. Here is a beautiful illustration of this fact. It is the foot of a

FIG. 34.



This drawing from nature represents a longitudinal section of the foot, so made as to display the complete bony consolidation or anchylosis of the head of the astragalus with the concave articular surface of the scaphoid bone, whilst the joints between the scaphoid and cuneiform bones remain in a distinctly healthy condition.
a, Astragalus and scaphoid bones consolidated. *b*, Internal cuneiform bone. *c*, Middle cuneiform bone.
This section was made obliquely, so as to show parts of two of the cuneiform articulations, with the scaphoid bone.

young man whose limb I removed for disease of the knee-joint. Upon the inner side of the foot there may be seen a well-marked specimen of anchylosis between the scaphoid bone and the astragalus, yet the joints nearest to it are not in any way involved in that mischief; there is no anchylosis; they are perfectly healthy. The anchylosis had taken place about two years previous to the amputation of the limb. It is a very typical instance of anchylosis, and I employ it for the purpose to which I am now referring—namely, to show that, although pressure by strapping the foot, quiet, and rest were resorted to during a long period, in order to cure the disease between the astragalus and scaphoid, yet the only two bones which became anchylosed were those between which the joint was in an unhealthy condition.

Again, is the larynx in a case of severe cut throat voiceless after a rest of six, seven, eight, or ten weeks? or is an unfed stomach after six or eight weeks incompetent to resume its duties of digestion, if provided carefully with food and a small amount of necessary exercise? Certainly not. In cases of cataract, either congenital or of recent date, is the retina incapacitated to receive or appreciate the rays of light carefully introduced into the organ? Certainly not. Then, I say, if all this be true, what right have we to expect that a joint should present different pathological and physiological phenomena?

I think I have advanced facts enough to induce those gentlemen who entertain these opinions, as to scrofula being very constantly the cause of mischief in diseased joints, to admit that other causes, such as a chronic inflammatory condition, and slight local injury are by far the most frequent; and, further, that rest to healthy joints does not induce disease leading to anchylosis. Here I might say that, in teaching on this subject at Guy's Hospital during many years, I have taken occasion to point out to those whom I have had the honour of instructing that the generally received impression as to scrofula being, as a rule, at the foundation of joint diseases is really not true. This was taught publicly at Guy's before the professional existence of those who now publish such views as new.

It is not stating too much to say that the diseases of joints are modified by age, in one or two respects especially. In the adult period of life we see disease of the individual articular structures, whether of synovial membrane, articular cartilage, or bone, and we observe that not only is the progress of the disease usually slow, but the progress of repair at that period is

slow also. In children, however, we note a very quick implication, if we may so term it, of all the articular structures in disease, and quick destruction of the parts, and subsequently very speedy repair. In young children this progress is very rapid in acute disease. Here I have the outline of a cast of an anchylosed knee-joint. It does not perhaps represent a speci-

FIG. 35.

men of perfect surgery, but it indicates the rapidity of repair in a young person. The boy was three and a half years old, when he fell from a window, and damaged his knee. The injury led to suppuration within the joint, and enormous swelling around it; absorption of all the true articular structures, and ultimately to complete bony anchylosis. The whole of this was accomplished in a very few months.

But I advance this case in reference to another and very important point. It is a very common thing for surgeons to conclude that a joint is irreparably damaged when they hear or feel the articular ends of the bones grating upon each other. Now, I had a good opportunity of testing the value of that point in this child when he was very ill, and the joint was very much swollen and suppuration going on in it. My dresser said to me, "When dressing this leg, I can hear and feel the bones grating upon each other;" and he rather looked upon this symptom as fatal to any probability of the repair of the joint. I remarked to him, "Before we amputate this limb we will look into the interior of the joint." I made a free incision into the joint, on its inner side, and washed out all the purulent fluid; and then I saw the dense articular laminæ of bone still upon the femur and upon the tibia, and, on rubbing them together, the harsh, grating sound was produced. The internal soft parts of the joint were all destroyed. I saw that the articular laminæ on the bones presented a worm-eaten, or minutely cribriform, appearance, indicating that interstitial absorption of the laminæ was going on; and I came to the conclusion that it would be completely absorbed. I therefore secured the bones in as easy and as accurate apposition as I could. I wished to divide the tendons of the flexors; but it was determined by the father that as the child was so ill he would not permit him to be touched any more in the way of operation; therefore we did the best we could with mechanical appliances to prevent flexion of the knee-joint, and ultimately the boy got well, and can now walk a mile or a mile and a half with facility. In this case I touched the interior of the joint with my finger, and I saw distinctly what was the cause of the grating sensation when the surfaces were moved upon each other. It arose clearly from the persistence, for a time, of the articular laminæ between the cancellated structure of the bones and the articular cartilage. You may observe here, in this diagram, the articular laminæ interposed between the articular cartilage and the interior of the bone. It is, as we all know, a very dense, compact structure; and it is intelligible how it occurs that when these surfaces were brought together they would create the hard, rubbing, grating sensation which we so frequently hear and feel on examining diseased joints.

As another practical application of this point, I may say that the fact of this grating sensation sometimes determines in the minds of surgeons the propriety of excision or amputation. Now it should not be overlooked that there must be a period in every joint disease which is to be cured by anchylosis when this grating sensation is to be experienced, and that is before the articular lamina is actually removed by absorption. When the articular lamina is removed, consolidation can take place, but just anterior to that period it is plain that the friction or rubbing of two layers of compact bone upon each other may produce a rough grating, and might lead unjustly to the conclusion, that those portions of the bone which ought to be in a healthy condition in order to secure subsequent anchylosis, are irreparably diseased. I have repeatedly heard and felt this grating noise in the fingers, ankle, hip, and other articulations, and yet the patient's joints have done well by anchylosis. This practical point appeared to me to be well worthy of a passing remark, especially as I had met with an opportunity of having the explanation of the facts and the symptoms actually demonstrated.

I purpose placing before you this fact, that diseases of the joints in children follow a peculiar course, and not perfectly in correspondence with that which obtains with respect to adults. In adults the individual structures of a joint may be diseased, and each may present its own local indications, or special local symptoms. Thus, we may meet with isolated inflammation of the synovial membranes or ligaments, inflammation and deterioration of the articular cartilage, or a disease of the articular ends of the bones in the adult. Now, although these numerous structures are at all periods of life necessarily continuous with each other and closely allied in function, yet it is at the adult period—after the completion of their cognate and harmonious development—that each separate structure seems to have acquired, and thenceforward to manifest both in health and disease, a structural independence, which gives a character of individuality and isolation to the diseases of the different structures of the joint.

In children all the structures of the joint must be formed, built up, and nourished in concert and in due relation to each other, under the excitation of extreme vital energy or epigenesis. There must be a great and intimate sympathy existing between the different parts of a joint during childhood, or during the period of growth, through the medium of an organic or vital power impressed upon those parts by Nature. It is this formative or constructive power affixed by Nature mutually to the different articular structures which engenders in their pathological conditions a tendency to diffuse disease cotemporaneously in all the articular structures. Hence we see in our practice the quick propagation of inflammation from one articular structure to another, and a rapidity of implication of the various structures of the joint in childhood and youth which we do not observe at a later period of life.

It is true, I believe, that in childhood the separate and distinct disease of the articular structures can seldom be recognised with any useful precision during life. In cases of inflammatory condition the results of severe local injury, or of slight injury with strongly-developed constitutional tendencies, all the various structures (including the bone, ligaments, cartilage, and synovial membrane) tributary to the formation of the joint, become at this period of childhood soon more or less involved. It is, therefore, to my mind—and this is no new idea, for I have taught it publicly these last fifteen years or more—an unsubstantiated refinement in most cases of joint disease in childhood to attempt to depict the symptoms indicating distinct or separate pathological states of the individual structures composing a joint. It is certainly not in accordance with clinical experience, and surely it is not a sound basis upon which to fix and determine the plan of treatment.

This active principle of epigenesis and pathogenesis is not peculiar to the joints alone in children; it is the great feature, it is the pathological type, which this young period of life constantly displays in other parts of the body. Some of those gentlemen whom I now address know better than myself, and I take it upon the statement of those in whom I have confidence, that in adults you meet with pneumonia as a separate disease; you may see pleurisy as a separate disease, or bronchitis as a separate disease, each recognised by distinct symptoms, and treated in reference to the structural implication. But not so in childhood; at that period of life you scarcely ever meet with pleurisy, pneumonia, and bronchitis as distinct inflammations. They all appear together, or there is a general and rapid implication of all these structures nearly at the same time.

So it is in diseases of the brain. It is a common thing to see disease of the membranes or disease of individual parts of the brain in the adult; yet it is rare to see these in the same distinct and isolated manner during childhood. So, as I remarked before, with regard to the larynx. In disease of the larynx in children all the soft parts become equally involved; whilst in adult life, when the laryngeal structures seem to have acquired a normal independence, which they had not previously, they possess also the pathological tendency towards the same kind and degree of independence.

Thus, I think, we mark by analogy a feature of high physiological and pathological importance, and very suggestive as a guide to treatment in practice—viz., the difference between the relative progress and implication of the various structures of diseased joints in childhood and in manhood, showing that in children vigour and rapidity as to the diffusion and progress of inflammatory conditions, as well as rapidity of repair, stand in very strong and distinct antagonism to the like diseased conditions (in all other respects alike) which may attack the same structures, but at a more advanced period of life.

ON THE

PHYSIOLOGICAL AND MEDICINAL PROPERTIES OF SULPHATE OF ANILINE,

AND ITS USE IN THE

TREATMENT OF CHOREA.

BY JAMES TURNBULL, M.D.,
PHYSICIAN TO THE LIVERPOOL ROYAL INFIRMARY.

THERAPEUTIC inquiry is a branch of medicine of great practical interest, but it has remained a comparatively neglected field. Pathology, on the other hand, is a branch of medical inquiry which has long been diligently cultivated, with great advantage to medical science. Without, however, wishing to disparage it, we may assert that it is now in a great measure worked out, so that we must look in other directions for advances in the practice of medicine. When we turn our attention to the progress which organic chemistry has made of late years, in bringing to light many new bodies with the action of which on the animal economy we are still altogether unacquainted, we can scarcely doubt that useful discoveries would result from experimental investigations into the physiological and medicinal action of such agents.

The great importance of therapeutics, and the unmerited neglect on the part of scientific inquirers of this practical branch of medicine, were brought prominently before the attention of the profession by Dr. Christison, in an able address on Therapeutics, which he delivered at the meeting of the British Medical Association held at Edinburgh in 1858; and he likewise on that occasion expressed the conviction that important discoveries awaited those who should enter expressly on therapeutic inquiry.

In a paper which I had the honour of reading before one of the sections of the British Association for the Advancement of Science, at the meeting which was held at Liverpool in 1854, I adverted to the probability that an examination of the properties of the artificial alkaloids would bring to light some useful remedies. We know that they constitute a numerous class, and we should expect them to produce powerful effects on the animal economy, from their resemblance in chemical constitution to the vegetable alkaloids, amongst which we have some of our most valuable remedies, such as quinine, as well as several agents, such as strychnia, atropia, and morphia, which act most powerfully upon the nervous system. These considerations have led me to make some trials of more than one of the artificial alkaloids, though the difficulty of obtaining agents for which no use has yet been discovered has prevented me trying them as extensively as I should otherwise have done. I now proceed to state the results I have obtained from the medicinal employment of aniline, one of the best known of the artificial alkaloids. I have given the sulphate in many cases of nervous and convulsive disorder, and have found that it produces some very peculiar as well as useful effects. In the singular disease called St. Vitus's dance, or chorea, in which we have involuntary twitching movements of the muscles, I have used it with very good effect, and have treated some most severe cases successfully.

Aniline is a volatile oily alkaloid which forms crystallizable salts with most of the acids. To the chemist it is a very interesting body, as it forms numerous compounds with other bodies, and its radicle, phenyle, connects it not only with indigo and its derivatives, but also with carbolic acid, which is the hydrated oxide of phenyle, and with benzoyle and salicyle. There are various processes by which it may be obtained. From indigo it may be obtained by distilling it alone, or with potass; or it may be obtained by heating isatine with potass. It is also present in coal-tar, from which it is now extensively prepared for the purpose of forming certain dyes.

Two circumstances led me to make trial of aniline as a medicinal agent—the fact of its being an alkaloid, from which I inferred that it would act energetically on the animal economy, and, probably, on the nervous system, and the fact of its being present in Dippel's animal oil—an old antispasmodic remedy. This oil, Pereira tells us, is undoubtedly a very powerful agent. Swallowed in moderate doses, it stimulates the vascular and nervous systems, and is esteemed antispasmodic. It has been used, he states, in hysteria and other affections of the nervous system accompanied with convulsive movements. There are other alkaloids in this oil—pyridine, picoline, lutidine, and collidine—to which its properties may be equally due; but the fact of aniline being the chief of them was one of the reasons that led me to make a trial of the sulphate of this artificial alkaloid.

Chorea is a peculiar convulsive affection of the nervous system, which yields, in the majority of cases, to the means which medical men ordinarily use for the treatment of this disease. Very obstinate cases are, however, occasionally met with which resist all the known means; and an extremely severe one came under my care, where all the usual remedies failed to produce the slightest benefit, and as the disease seemed likely to exhaust the patient, I considered it a fair one to make my first trial of sulphate of aniline. The patient began rapidly to improve, and as she recovered perfectly, I was induced to try it in other cases in which it has proved likewise successful, and I now proceed to give a brief account of six cases.

CASE 1.—*Chorea, with very violent twitching movements, loss of speech, &c.; unsuccessful treatment by purgatives, steel, sulphate of zinc, cod-liver oil, shower-bath, &c.; rapid recovery by means of sulphate of aniline.*—Ann P——, a girl aged thirteen, was admitted into the Liverpool Royal Infirmary under my care on the 7th of June, 1860, on account of the usual involuntary twitching movements which characterize St. Vitus's dance, and which affected all the limbs. She had been ill for three months. She was first treated with purgatives, and then successively with iodide of iron, cod-liver oil, the shower-bath, which is often of great service, and lastly, with the sulphate of zinc. None of these remedies, however, appeared to be of any use. On the contrary, she got worse, and the violence of the convulsive movements became so great, that she was confined to her bed, in which it was a difficult matter to fasten her. She also lost the control of the muscles of the tongue so completely that she was unable to speak. On the 6th of August, two months after admission, and five from the commencement of her illness, the movements had become so constant, tossing her about in all directions, that they threatened to exhaust the vital powers, as sometimes happens in this singular disease, and I thought the case, therefore, a fit one, after having used the ordinary means, to make trial of a new remedy. One grain of the sulphate of aniline was ordered to be taken in solution, with a little sulphuric acid, three times a day. In three days there was a decided diminution in the violence of the movements, and afterwards a gradual improvement. The dose was increased to two grains, and it then caused some depression and a peculiar blueness of the lips, which I have since remarked in several other cases. The medicine was omitted for two days, and resumed in the smaller dose. On the 30th of August she had so far recovered, that she could walk well. She had also regained the control of the muscles of the tongue, so that she could put it out, and she had recovered her power of speech. On the 10th of September she had entire control of the limbs. They were almost perfectly still, and she was considered cured.

The successful result in this case led me to give it in the next, which was not, however, one of such unusual obstinacy and severity.

CASE 2.—*Chorea affecting the left side chiefly; treatment by purgatives and sulphate of aniline; perfect recovery in twenty-one days.*—Mary Ann H——, a rather delicate-looking young woman, aged eighteen, was admitted on the 30th of August, while the previous case was under treatment. She had the movements in all the limbs, but the left side was most affected. She had not menstruated for twelve months, and the bowels were constipated. They were first opened freely by compound jalap powder and calomel, and then a grain of sulphate of aniline was ordered to be taken three times a day. It was afterwards increased to one grain and a half. She recovered rapidly, and the same blue appearance of the lips was developed which had been remarked in the preceding case. On the 20th of September she had scarcely any involuntary movement, and she was so well, and her hands so steady, that she could knit crochet-work. The catamenia being, however, still absent, decoction of aloes, with steel mixture, was prescribed instead of the sulphate of aniline, and she became an out-patient.

CASE 3.—*Chorea with twitching movements in the face and limbs, brought on by a fright; treatment by sulphate of aniline, and recovery in fourteen days.*—Martha G——, a healthy-looking girl, seventeen years of age, residing at Birkenhead, was admitted Dec. 20th, 1860, with very violent twitching movements in all the limbs as well as the face. A month previous she had a fright, which brought on the involuntary twitching at first in the right side. She had been under medical treatment from the commencement of the attack, but

had notwithstanding been getting gradually worse. All the functions were natural, the bowels and the catamenia being regular. A grain of sulphate of aniline was ordered thrice a day, as in the previous cases. On the 24th there was less motion, and the dose was increased to two grains. The movements gradually subsided, and on the 3rd of January she had resumed the use of her needle. She then wished to go out, considering herself quite well.

CASE 4.—*Chorea affecting the arms, legs, and muscles of the face; treatment by purgatives and sulphate of aniline; recovery.*—Margaret M'C——, a stout, healthy-looking girl, aged eleven, was admitted on the 27th of April, 1861, with twitching movements in nearly all the voluntary muscles. She had been ill ten days, but had also had a very severe attack about two years previous, for which she had been treated in the infirmary. The sulphate of aniline was prescribed in the dose of a grain and a half three times a day. The symptoms did not diminish at first, and on the 5th of May the movements were very violent and uncontrollable, and she was in bed. A purgative powder was ordered. The following day the lips, the face, and even the hands were of a deeper blue colour than I have observed in any other case. This had arisen from double the proper dose having by mistake been administered. There was a diminution, however, in the movements, and she was out of bed and running about. The movements gradually subsided, and on the 6th of June there was scarcely any jerking.

CASE 5.—*Chorea with the usual symptoms; treatment with sulphate of aniline and a purgative; recovery.*—Mary Jane W——, aged thirteen, was admitted on the 21st of May, 1861, with jerking movements affecting chiefly the right arm and leg. She had been ill three months, and had suffered from a similar attack, for which she had been under my care two years before. She was healthy-looking, but the muscular tissue was soft. The tongue was not clean. A purgative powder, with scammony, rhubarb, calomel, and sulphate of potass, was ordered. Two days afterwards the movements had not subsided, though the bowels had been freely opened. Sulphate of aniline was ordered in the dose of one grain and a half three times a day. Under this treatment the movements gradually subsided, and on the 6th of June there was scarcely any twitching. On the 21st she was discharged quite cured.

CASE 6.—*Chorea with convulsive movements and partial loss of power in the lower limbs; inability to speak; rapid recovery under treatment with sulphate of aniline.*—Elizabeth L——, aged sixteen, a thin and rather delicate girl, was admitted on the 22nd of April, 1861. The case illustrated the connexion between chorea and rheumatism, for she had suffered from a severe attack of rheumatic fever eight months previous. She had begun six weeks before admission to have involuntary movements in the legs, and during all that time she had been under treatment at a dispensary. She had got gradually worse, however, so much so that she was carried into the infirmary, having lost the power of the limbs so completely that she was unable to stand. She had twitching movements in the legs, as well as the arms, and the face was also very much affected. When she attempted to speak, a peculiar chucking sound was produced, and she could scarcely say "Yes" or "No." The tongue was not quite clean, but the bowels were regular; the pulse was 100. One grain and a half of sulphate of aniline was prescribed three times a day, and a dose of compound jalap powder and calomel. On the 24th she was considerably better, and able to speak distinctly. On the 29th she was able to walk out, and the involuntary movements had greatly subsided. On the 9th of May the movements had almost entirely left her, and she might have been discharged if it had not been considered desirable to retain her in order that her general health might be improved by good diet and porter, so as to prevent relapse. On the 20th there was scarcely any trace of the original complaint, but she had some rheumatic pain and swelling in one foot and wrist. Quinine with iron was ordered for this, and under this treatment she got quite well.

Sulphate of aniline has been given in two other cases which have come under my observation. One was a case under the care of my colleague, Dr. Inman, where it produced a decided beneficial effect; but the supply of the drug having run short, the cure was completed by other means. The other was a case under the care of my colleague, Dr. Vose. In this case a slow but perfect cure was effected by the remedy.

The beneficial effects of sulphate of aniline have been most apparent in severe cases of St. Vitus's dance, and the first and the sixth that I have detailed were as bad cases as any I have met with where recovery has taken place. The others were cases such as usually yield to the ordinary means at present in the hands of the profession. Chorea is a disease which is generally amenable to the means of treatment we at present possess. Obstinate cases, however, occasionally occur where the disease yields only very slowly, or even baffles our treatment altogether. I have seen it prove fatal in more than one case, and Dr. Hughes, in his "Digest of cases of Chorea," published in "Guy's Hospital Reports," has recorded sixteen fatal cases. The introduction, therefore, of a new remedy, which appears to have a more direct and powerful influence on the disease than any we at present possess, is calculated to be of use, and I trust that it will be found worthy of the attention of the profession. It seems not improbable that it may prove a remedy of utility in other nervous affections. I have tried it in several cases of epilepsy, and in two cases it seemed to be of service; but I have not given it a sufficient trial to enable me to recommend it confidently in any other disease but St. Vitus's dance.

We know but little of the *modus operandi* of many of our remedies, and I am not prepared to give any explanation of how sulphate of aniline cures chorea. I have, however, some observations to make on its physiological action, from which we may infer that it has a direct influence on the nervous system; and also on the remarkable temporary change in the colour of the lips and skin which it produced in most of the cases narrated.

Physiological action of Aniline.

As we know that the alkaloids and their salts are almost identical in their effects, we can scarcely doubt that the physiological action of aniline and that of the sulphate are the same, or very nearly so. Gmelin states that half a gramme of aniline introduced, together with a gramme and a half of water, into the stomach of a rabbit, caused strong clonic cramps, then laborious breathing, loss of strength, dilated pupils, and inflammation of the mucous membrane of the mouth.

Dr. Schuchardt* arrived at the following results from a series of experiments:—Aniline may act injuriously on the animal organism, and in large doses may even cause death. Frogs introduced into a weak solution containing aniline died in periods varying from a quarter of an hour to two hours and a half, and death was also caused by the introduction of aniline into the mouth or into a wound in the back. Rabbits were also poisoned by this substance, a small animal being killed by fifty drops in six hours and a quarter, and a larger one by a hundred drops in four hours. In all the animals experimented upon, violent clonic and tonic spasms ensued after the application of the aniline, and continued almost uninterruptedly till death. There was also loss of sensibility, commencing at the lower extremities and extending to the upper; the temperature of the body was also reduced. Wherever the aniline was applied locally, as in a wound of the back, on the stomach, on the posterior part of the tongue, or on the conjunctiva, appearances of irritation were observed, which are probably connected with the power possessed by aniline of coagulating albumen. The aniline was never detected in the urine, and it is probable that this substance is eliminated from the body rather by the organs of respiration than by the kidneys.

I gave to a dog about three months old half a drachm of the sulphate of aniline, and the effects produced corresponded in many respects with those observed by Dr. Schuchardt. About two hours and a half after it was given, the animal vomited, and an hour later it was purged. It became dull, weak, and tremulous; the pulse became very rapid; the pulsations of the heart were counted 148 in a minute, and the breathing was somewhat laboured. The feet were cold, the tongue of a blue colour, and the hind legs almost paralysed. Five hours after, it was very weak, but recovering, and the next day it had recovered appetite and liveliness.

The sulphate of aniline does not seem to have the same local irritating effect that the aniline itself produces. My own observation would lead me to believe that it has a direct action on the nervous system. The most striking effect, however, which it produces is the visible alteration in the colour of the lips and complexion. A peculiar blueness of the lips, the tongue, and the nails, and a dusky appearance of the complexion, have been observed in a greater or less degree in most of the cases where a sufficient dose has been taken continuously for any considerable time. It is a temporary effect which has always gone off within twenty-four hours when the remedy has been omitted. In one case, where an overdose of not more than three or four grains was taken, the blueness in the hands extended above the wrists. There has been some depression and headache in some of these cases, which symptoms have,

* British and Foreign Medico-Chirurgical Review, July, 1861, p. 247.

however, gone off when the medicine has been discontinued. The blue appearance, though like that which occurs in chronic bronchitis, does not seem to arise from any interference with the respiratory function. This change of colour is more interesting from the fact, that we have few examples of parallel effects resulting from the exhibition of medicinal agents. The permanent discoloration of the skin which sometimes arises from the long-continued exhibition of nitrate of silver is scarcely a parallel case, for here the oxide of silver is deposited in the skin from the remedy being decomposed by the action of the light; whereas the blueness from the sulphate of aniline appears to arise from a colouring matter being formed in the blood, which is most visible in parts like the lips where there is a thin mucous covering. The effect of madder-root (which is used as a dye) in colouring the bones of animals fed upon it of a red colour is more nearly a parallel case; but the effect of the carbazotic acid and its salts—which are of a deep yellow colour, and produce a similar colour of the skin, as if the individual were artificially jaundiced—is the example which most nearly resembles that of the colouring influence of sulphate of aniline. This power which carbazotic acid has of colouring yellow, not only the tissues but also the fluids of the body, was discovered by my friend Dr. Moffat; and it is worthy of observation that both aniline and carbazotic acid are derivatives from the radicle phenyle.

If the blue colour produced by sulphate of aniline does not arise from any interference with respiration, we have to inquire from what other cause it may arise. I believe it is from the sulphate of aniline being oxidized in the blood, and producing in it a blue dye. Gmelin states a fact which seems to prove this,—namely, that when aqueous sulphate of aniline is boiled with peroxide of lead, an oxidizing agent, carbolic acid, is evolved, and a blue liquid produced which smells of formic acid and afterwards becomes colourless, and gives off ammonia when heated with potass. Aniline, it has also been stated, is a derivative from indigo; and it has relations to many other dyes, the mauve-dye being made from the sulphate of aniline by oxidizing it with bichromate of potass. It is, therefore, probable that the temporary blueness arises from a colouring matter, or dye, being formed from oxidation of the aniline in the blood.

Since this paper was read before the meeting of the British Association for the Advancement of Science at Manchester, I have received many inquiries, not only in regard to the employment of the remedy in cases of chorea, some of which had been obstinate and of long standing, but also as to how far it might be adapted for the treatment of other nervous affections, more particularly epilepsy, shaking palsy, nervous irritation with jerking of the head, spasmodic asthma, catalepsy, &c. Time and opportunity of administering a remedy in suitable cases are required, in order to reply to such inquiries, and at present I am only prepared to state that I consider, from its action on the nervous system, that it is worthy of trial in chronic nervous affections of spasmodic or convulsive nature. Having now, however, opportunities of knowing the results of its administration in many cases more or less allied to chorea, I may be able, at a future time, to give some information as to its utility in other nervous diseases. Epilepsy is one of those intractable diseases in which it is especially worthy of trial, and I have already alluded to two cases in which it was prescribed with decided benefit. I was consulted by letter in regard to a case of nervous irritation of the head, with frequent jerking, where the remedy was taken with great benefit; and since this communication was written, I have treated other cases of chorea with results so similar to those already given, that it is not necessary to extend this paper by alluding to them at greater length. As shaking palsy is a disease in which there is probably always more or less alteration of structure, we should not expect that sulphate of aniline would be of any service in this disease, or in any other nervous affection arising from an organic change in the substance of the brain or the spinal cord.

Liverpool, Nov. 1861.

ON A NEW OPERATION FOR THE CURE OF UMBILICAL HERNIA.

By RICHARD BARWELL, F.R.C.S. Eng.,
ASSISTANT-SURGEON, CHARING-CROSS HOSPITAL.

IN THE LANCET of the 2nd instant are reported three cases of my operation for the radical cure of umbilical hernia; but I should like to add a few words, firstly, concerning the circumstances which should induce the surgeon to operate, and secondly, on the mode of performing the operation.

In weighing the advisability of the operation, age is the first consideration. A great many infants have, at birth, or shortly afterwards, protrusion of the navel, and in by far the larger number of instances this is of no importance—they get well under a very slight degree of care, or, indeed, under no care at all; but the longer the time elapsed after the first year without producing closure of the ring, the less is the chance of a spontaneous cure. Thus a child of two years old, with an umbilical hernia that does not diminish in size, becomes a fit subject for operation, even though no inconvenience appear to arise from the rupture; while older persons are, *à fortiori*, more justly amenable to such treatment. More especially after puberty, and in the not very uncommon navel rupture after childbirth, this operation affords a perfectly safe, and, as far as I know, the sole means of cure.

But there is a condition in infancy which not only warrants this operation, but renders it highly desirable, even although the hernia might very likely get well without such interference. This rupture sometimes produces, without any strangulation, an amount of colic or pain which seriously affects the patient's health; the child is constantly writhing, drawing up its legs, and screaming; it will not suck quietly, is frequently sick, and gets constantly thinner; the abdomen is hard and tense; the hernia increases in size. These symptoms resist, or are alleviated only for a very short time by, medicinal treatment. Such condition is, I believe, produced either from a portion of the colon itself having passed out of the abdomen through the navel, or from there being included in the hernia some piece of the omentum so near to the colon as to bind down that intestine. It is all very well to talk or to write about constantly keeping back such a hernia, and never allowing its protrusion; in practice, we know that such an indication cannot be fulfilled. A surgeon may fasten the bandage perfectly well, but in half an hour or so the child cries, drags in the belly, strains, or makes some other sudden movement, and out comes the hernia, when the screaming and kicking recommence, aggravated probably by the nurse's attempts at bandaging. It is for such cases as these that I recommend the operation in infancy, rather to save the constant pain and restlessness of the child, the daily and nightly wear and tear of the mother, than with the mere view of curing the hernia. The infants upon whom I have operated for this very cause slept well, fed well, and gained flesh, from the day of the operation.

The method of performing the operation is sufficiently simple; but a few details should be known. When the sac has been slit up, so as to expose the crevice-like opening into the abdomen, the peritoneum is seen passing into it, crumpled up into folds, exactly as a pocket handkerchief whose middle had been crammed into a small keyhole would be puckered. At the upper end lies the tough remnant of the umbilical vein, and all around outside the sac is a quantity of cellular tissue, more or less loaded with fat, covering and concealing the white tendinous edges of the ring. It is desirable to clear away some of this encumbering tissue to bring into sight the place where the needles are to go, and also to prevent, what may otherwise happen, the mere sewing up of this loose tissue, leaving the real opening unclosed. In cases where the hernia is large, and this material plentiful, it is better to cut away nearly all that tissue, and of the sac also (which I have found to be a perfectly harmless proceeding), otherwise there will be included within the wire, and, perhaps, squeezed into the opening, a lump of soft material that will retard, or altogether prevent, healing. All this having been properly arranged, the sutures are to be placed —two, three, or even four may be used, according to the size of the ring. In children, I have, except once, found two sufficient. A Price's needle is the most convenient instrument. Sufficient distance is to be left between the edge of the opening and the entrance of the needle, and a considerable thickness of tissue must be included in the sutures. It is of course most essential to keep the contents of the abdomen out of the way of the needle; and this is best managed by passing the finger as far as possible into the opening, and letting the point of the needle come out of the tissues against it, and then guiding that point carefully across, so as to render any wounding of viscera impossible. In one case I slightly pared the edges of the opening. I now believe this to be unnecessary, its peritoneal lining being sufficiently ready to adhere.

Altogether the operation has been, in my hands, so successful, and so perfectly free from any severe effects, that I can unhesitatingly recommend its adoption in suitable cases.

Old Burlington-street, Nov. 1861.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

ENORMOUS DROPSICAL DISTENSION OF THE RIGHT KIDNEY, FOLLOWING OCCLUSION OF THE URETER BY A CALCULUS;

WITH COMPLETE ABSORPTION OF THE PARENCHYMA AND THICKENING OF THE CAPSULE; SUSPECTED TO BE HYDATID OF THE LIVER.

(Under the care of Dr. FARRE.)

TUMOURS and intumescence of the abdomen at all times command the attention of the inquiring physician. Their general interest is second to that of no other class of affections, and the skill and diagnostic tact of the ablest are oftentimes baffled in estimating their true nature. All the viscera of the belly are subject to tumours of some kind; the spleen, the liver, and the kidneys are, however, those most commonly affected with them, together with the ovaries in the female. It has been acknowledged by our greatest authority on these subjects, Dr. Bright, that amongst the various forms of abdominal tumour few are so difficult of detection as those which depend upon certain diseases of the kidney. The chief of these are, the development of numerous cysts in the substance of the kidney; accumulations of pus, water, blood, or fungoid matter in the pelvis of the organ; and probably some others. Dr. Bright has known the enlarged kidney to be mistaken for disease of the spleen, of the ovary, of the uterus, and for a tumour developed in the concave part of the liver. We have seen the same errors committed in hospital practice by some of our ablest men, nor can they be avoided. "Nor is it perhaps possible," says Dr. Bright, "by the greatest care and the most precise knowledge, altogether to avoid such errors, and therefore the more necessary is it to prosecute the investigation."*

We to-day place upon record a case of extreme interest of enormous dropsical distension of the right kidney, which simulated an hydatid tumour of the liver. It was a condition to which the term of hydro-nephrosis is now attached, and arose from occlusion of the ureter by a calculus. As may be understood, the diagnosis of a renal tumour will be much influenced according to the kidney involved, whether the right or the left. Dr. Bright says, "If the right kidney be so diseased as to make its way forward, it may be mistaken for an enlargement of the liver, for pyloric disease, for a glandular disease about Glisson's capsule, for disease of the colon or cæcum, or for enlargement of the ovary or uterus." It is even more liable, we think, to be mistaken for an hydatid accumulation in the liver, a form of tumour by no means uncommon in hospital practice, as the records of some of our previous "Mirrors" satisfactorily prove. Hydatids, however, are developed either within or upon the kidney.

When a dropsical accumulation of fluid takes place within the ureter and pelvis of the organ, it may simulate ascites, and relief will be urgently demanded by paracentesis. Should the diagnosis be even clear, no other plan of relief is available. At the Pathological Society, on the 5th instant, a large dropsical kidney was exhibited for Mr. Joseph Thompson, of Nottingham, for which the patient was tapped several times with benefit. It had existed for ten years, but after one of the tappings the patient enjoyed comparative immunity for five or six years, and, curiously enough, the sac emptied itself by the natural passage two or three times.

* Clinical Memoirs on Abdominal Tumours, published by the New Sydenham Society.

In Dr. Farre's patient decided relief was experienced by the tapping, yet, as the ureter was obstructed, it permitted of the reaccumulation of fluid. The fluid withdrawn had none of the characters of ordinary urine, which might have been expected when it is remembered that the true secreting structure of the kidney is almost annihilated in these cases of extreme distension of the organ. In the present instance the urine was highly albuminous and mixed with blood; it is barely possible that urea might have been detected, had its true nature been suspected.

The case resembled an hydatid in its history: its slow growth, the at first unimpaired health, the *local* accumulation of fluid, and the obscure fluctuation and undulating outline, together with the quantity of urine being natural.

In Dr. Bright's cases of fluid distension of the kidney, the capsule was not distended to anything like that in the present instance. Neither was there any jaundice in Dr. Farre's patient; it occurred in seven out of Dr. Bright's fifteen, all the seven being cases of hydatids originating in the liver. This circumstance would therefore throw doubt on the hepatic origin of the tumour. After death, the large intestine was found vascular and adherent, but no communication with the cyst was discovered; it must therefore have healed.

The irregular outline of the tumour must have arisen, as Dr. Farre mentioned in a clinical lecture on the case, from the lobulated character of the kidney which the capsule retained after the parenchyma was absorbed. The most interesting points appeared to him to be the enormous distension of the capsule, and the fact that the large quantity of iodine thrown into its interior caused no pain or even any distension. It certainly checked the secretion of fluid, for none was discovered till eighteen days after the injection; while three days after the first tapping the cyst was rapidly refilling. It is interesting also to find how well the tube was borne in the abdomen, the *edge* of the canula being prevented from hurting by a projecting elastic tube within it.

Edward N——, aged forty-six, a bootmaker, was admitted in April, 1859, under the care of Dr. Baly. He had been liable to pain in the side for some years. He had been ill five months, when a tumour was first discovered in the right side, which descended from the liver and nearly reached the ilium, extending a little beyond the linea alba. The abdomen measured thirty inches. There was no pain, but fluctuation was distinct, and the disease was believed to be an hydatid of the liver. Under the use of compound iodine ointment and the iodide of potassium, the abdomen was in three weeks reduced to one-half the size, and he left the hospital relieved.

On Aug. 31st, 1860, he was readmitted, under Dr. Farre's care. He had become paler, and looked thinner in the face and limbs. The abdomen had increased from thirty to thirty-three inches; its surface was very tense, irregularly distended, with two or three distinct protuberances, feeling elastic, but with an indistinct fluctuation. It was a query in the diagnosis whether there was more than one hydatid. The distension seemed to increase, and immediate relief became necessary.

On Sept. 4th the cyst was opened by the introduction of a small trocar whilst the patient lay on his right side, and seven pints and sixteen ounces of fluid were drawn off by a stomach-pump. No bandage was used. All the fluid was removed, the irregularities subsided, and the abdomen was reduced to about twenty-eight inches. The fluid withdrawn was slightly alkaline, red, full of blood-corpuscles, very albuminous, becoming solid by heat, and of a specific gravity of 1016. The relief did not last long, for in three days the cyst was rapidly refilling. The urine was natural in quantity.

On the 19th the abdomen measured thirty-three inches; and on the 20th (sixteen days after the first tapping) paracentesis was again performed, and nine pints four ounces of fluid, of a claret colour, were drawn off. Neither on this nor on the former occasion did the fluid contain any evidence of the presence of hydatids. The cyst was now injected with forty grains of iodine and eighty grains of iodide of potassium, in four ounces of water. No pain or heat was felt. In half an hour iodine was detected in the urine. No bandage was used, the abdomen was quite empty of fluid and soft, and the liver could be felt two inches below the ribs.

No fluid was discovered in the abdomen until October 8th (eighteen days after the second tapping); but in another week it was again full, and measured thirty-three inches.

Oct. 23rd.—The patient was tapped a third time, and ten pints of red fluid escaped, which contained many clots. The abdomen was reduced to twenty-seven inches, and was injected as before with the same quantity of iodine, and the canula left in, containing an india-rubber tube, that the injection might be

repeated if necessary. There was no pain. A little red fluid escaped daily by the canula; and on Oct. 29th (six days after the injection) fluid began to collect in the abdomen.

30th.—To be again injected with iodine. On the evening of this day the tube got out of the abdomen during an effort, and at the same time fluid escaped—now no longer red, but *brown and fecal*, apparently from the large intestine. The injection of warm water into the rectum returned resembling this fluid. The iodine injection was, therefore, countermanded, lest it might enter the peritoneum, or irritate the bowels, through the fistulous communication in the cyst. The tube was not replaced, but the discharge continued.

After this the abdomen remained empty, and he passed a good quantity of urine. The pallor and wasting, however, continued. He took his food, and plenty of stimulants; but the result was not doubtful. The case was supposed to be hydatid of the abdomen, probably of the liver, which had burst into the intestine since it was opened by the trocar.

On the 2nd of November the abdomen measured twenty-nine inches; there was no fluctuation, and the fluid, which was of a rather fecal character, still escaped. This, however, ceased by the 9th, when the discharge became slight, and afterwards continued in small quantity—about two ounces in the twenty-four hours. He gradually got weaker and weaker, and died quietly on the 6th of December.

Post-mortem examination.—Body considerably emaciated; no discoloration of integument; great œdema of left leg and foot. About an inch below the umbilicus there was a fistulous opening, through which pus exuded. A probe passed through this opening went obliquely through the abdominal wall into the cavity of a large cyst. This cyst, about eight inches in its longest diameter, occupied the right lumbar region: above, it was firmly adherent to the liver; below, to the large intestine. On the right side there were slight adhesions to the abdominal parietes, and on the left to the tissue in front of the spinal column. On removing the mass, the cyst was seen to form a thick, very tough, and hard material, with fibrinous walls, in which, on section, were seen pyramidal masses, about one inch in length, projecting at regular intervals into the cavity of the cyst. These, on section, were seen to be composed of the straight tubes of the kidney. On tracing the ureter on this side, it was found normal until immediately below its opening into the cyst; at this point a flattened, irregular, oval, smooth calculus, about a quarter of an inch by half an inch, was impacted. The large intestine, which was adherent to the lower extremity of the cyst, was slit open, and its inner surface carefully examined, but no trace of connexion between the cyst and intestine was discovered. No other portion of intestine was adherent to the tumour. The mucous membrane of the large intestine was for a considerable distance reddened and injected. The left kidney was of normal size, and weighed five ounces and a half; on cutting into it a calculus was found, nearly twice the size of that in the right ureter, but so lodged in the pelvis of the kidney as not to obstruct the ureter. The structure of the kidney seemed normal.

ST. GEORGE'S HOSPITAL.

OBSTRUCTION OF THE HEPATIC DUCTS BY HYDATIDS UNSUSPECTED DURING LIFE, PRODUCING JAUNDICE; PURPURA; FATAL RESULT.

(Under the care of Dr. PAGE.)

As bearing somewhat upon the subject of the foregoing case, we also record an instance of obstruction of the hepatic ducts by hydatids. They had not attained to any great size, but had produced extreme jaundice—a feature which was present in many of Dr. Bright's cases already alluded to. The girl would appear to have had the hæmorrhagic diathesis, as shown by the persistence of the bleeding from the leech-bites, the occurrence of purpura, and internal hæmorrhages, which mainly brought about the fatal result.

As there was no tumour nor visible enlargement of the liver in the present instance, the cause of the jaundice was wholly unsuspected until revealed by the autopsy.

Charlotte H——, aged sixteen, admitted 25th September, 1861. Four weeks before admission, having for some weeks previously suffered considerable itching of the skin, she first became jaundiced. The skin and conjunctivæ were then universally yellow; she was passing high-coloured urine and pale motions, but did not seem in any way depressed by her illness. Menstruation had occurred a year previously, and always continued regular.

Sept. 26th.—Complained of having passed a restless night from pains in her legs: these, on being examined, were found to have ulcers upon them. The bowels not having acted from aperient medicine taken last night, it was ordered to be repeated, and she was given dilute hydrochloric acid thrice a day.

From this time till October 3rd she continued much the same; but having then complained more than usual of pain, especially in the hip, she was given morphia at bed-time and port wine; and the following day Mr. Tatum, who saw her, ordered six leeches to be applied to the groin, and three grains of calomel and half a grain of opium to be taken every six hours.

5th.—The pain was relieved; but during the night she lost a very large quantity of blood from the leech-bites, which were continuing to bleed, and the effect of this loss was very evident in her appearance.

6th.—The bleeding continues, and in the evening she complained of great pain in the knee. She had a morphia draught, and slept quietly all night.

On the 7th she looked very low; had a querulous manner; bleeding still continuing. The superficial veins in the groin were tied; the calomel and opium omitted, and she was given tincture of the sesquichloride of iron, twenty minims, with chloric ether, eight minims, three times a day, with morphia at night.

8th.—Oozing of blood continues from the leech-bites, and the ulcers are also bleeding; her strength has greatly failed, and she looks as if dying. Twenty grains of gallic acid were ordered every four hours, intermediate with the iron, and three ounces of brandy. Her back was getting discoloured, and she was placed upon a water-bed. Had strong beef-tea and jelly.

9th.—Is sinking; blood still oozing; her arms covered with black bruises.

She died at three A.M. on the 11th.

Autopsy, thirty-two hours after death.—The whole body was of a bright yellow, except a patch on each buttock, and many smaller spots on the legs, which were purple from ecchymosis. The body looked plump and well nourished. The liver was soft in texture, and had a deep ochre tint. Upon the under surface, close to the gall-bladder, was a spherical tumour, as large as a tennis-ball. This was full of hydatids, most of which were of the size and appearance of white currants, excepting that they were all loose. This cyst was a dilatation of the right hepatic duct. Where the duct left the cyst it was entirely obstructed by a firm, green plug, which consisted of shrivelled hydatid skins, mixed with inspissated bile. This passed into, and completely obstructed the common duct, as well as a part of the left hepatic. The kidneys were of a bright yellow colour, and were dotted with minute spots of hæmorrhage throughout their cortical structure; the microscope showed that the blood was disposed in specks and cylinders *between* the convoluted tubes. There was a large clot of blood between the right iliacus muscle and the plate of the ilium, of which no definite origin could be discovered, and there was a similar clot in the pelvis immediately to the left of the bladder. The remaining viscera were comparatively healthy; the heart was flabby and pale. The hip- and knee-joints were normal.

ROYAL FREE HOSPITAL.

SCARLATINA COMPLICATED WITH ACUTE RHEUMATISM, BRONCHITIS AND PERICARDITIS SUPERVENING; RECOVERY.

(Under the care of Dr. O'CONNOR.)

ALTHOUGH not commonly mentioned in medical works, the association of acute rheumatism and scarlet fever is occasionally witnessed. This subject was brought before one of the Dublin Societies in April, 1854, by Dr. Henry Kennedy,* according to whom, pains of a rheumatic character, in connexion with scarlatina, present themselves under three different aspects. "In the first, they usher in the attack; in the second, they appear whilst the eruption is still out on the patient, the disease being at its height; and in the third, they come on just after the attack is over, and form then what may be called a sequela of the disease." The first would appear to be the commonest,

* Dublin Medical Journal, vol. xviii., 1854, p. 205.

and the following case is an example in an adult. In adults affected with scarlatina these pains are more common than in children, for the reason, as Dr. Kennedy states, that rheumatism is a more frequent disease in adult than in early life. He does not refer to the additional complication of heart disease, nor does Dr. Watson in his Lectures. The cases of rheumatic complication observed by the latter were in children. Dr. Scott Alison has, however, drawn attention to heart disease in his essay, "On Pericarditis, a Complication and Sequela of Scarlatina." Accepting his facts as correct, Dr. Watson ascribes the articular affection and the cardiac disease, whether they occurred together or separately, to one and the same cause—namely, to the retention in the blood of a poisonous excrement by the default of the principal emunctories, and especially of the kidney.

It is well known that in scarlatina the serous membranes lining the three great cavities of the body are not unfrequently attacked with inflammation, and we see no reason why others, such as the pericardium, should escape. The details of the following case will be found, therefore, to possess considerable interest.

M. A. C——, a single woman, aged twenty-four years, a brush-drawer, was admitted on the morning of the 6th of Sept. last. When first seen by Mr. J. D. Hill, the resident surgeon, she had all the symptoms of acute rheumatism, and complained of her throat being sore. In the evening she was seen by Dr. O'Connor, and the history of the case was that two days before admission she was taken suddenly ill with shiverings alternating with flushes of heat; the throat became sore, and she had headache. Severe pains in all her limbs came on the following day, and there was a burning heat all over her body. Her symptoms now were, severe headache, pains in all her joints, especially in the hands, feet, and knees, which were much swollen. There was also severe pain in the nape of the neck, extending to the shoulder-joints, the skin was morbidly hot and dry, the tongue and throat were red (the latter presenting an angry appearance), and the internal fauces were much swollen; the parotid glands were also much enlarged, and there was great difficulty of articulation. There was a florid eruption over the whole of the body and extremities. The pulse was 120, bounding, but compressible; the heart was free from any signs of disease; there was great thirst; the urine was scanty; and the bowels had not been relieved for three days, until after her admission to the hospital. The throat was pencilled with a stick of nitrate of silver, and a gargle of equal parts of hot vinegar and water was to be frequently used. A draught, composed of nitrate and bicarbonate of potash, solution of acetate of ammonia, and spirits of nitre, in water, was ordered every four hours. To have beef-tea, arrowroot, and milk. The hands, feet, and knees to be wrapped round with cotton-wool.

Sept. 7th.—The painfulness of the throat and difficulty in swallowing are relieved; the surface of the body is not so dry or hot, but is intensely florid; there is no alteration in the pains of the joints; she did not sleep in the night; the mouth and throat are more moist; and the pulse 120, not so bounding. A solution of the nitrate of silver (fifteen grains to the ounce) to be applied to the fauces.

8th.—There is some improvement; the dysphagia is not so great; the skin is moister; the urine is more abundant; and there is less thirst. The pains in the hands, feet, and knees are still very severe, and the joints are swollen. She complains of cough, and had no sleep last night. There is slight bronchitis; but the heart is free from any symptoms of disease. The pulse is 110, more compressible; the bowels not relieved since the day of admission. To have castor oil directly, and six drachms of hospital cough-mixture added to the draught she is now taking. The gargle to be continued.

There was progressive improvement; the pains in the joints were gradually subsiding; and the patient had some sleep at night, but only of short duration. The bronchial attack had disappeared; there was no symptom of heart affection; and on the 12th desquamation was taking place, and she had a desire for fish in addition to the beef-tea, arrowroot, and milk. The throat was much improved, and the swelling of the parotid and submaxillary glands had nearly disappeared. The pains in the hands and feet, but especially in the joints of the thumbs and great toes, as well as in the knees, which were swollen, still continued severe. The draught to be taken every six hours.

14th.—The pains in the joints are very much relieved, being only in the thumb and great toe of the right foot and hand; the knee is swollen, but free from pain. The desquamation is very abundant. The bowels have not been relieved for two days. She sleeps better at night; the pulse is 90, but feeble and very compressible. To have castor oil directly, with a draught composed of six grains of citrate of quinine and iron and one ounce of cinnamon-water every six hours.

16th.—The pulse is feeble and the patient complains of being very low. To have half an ounce of brandy immediately, to be repeated every four hours.

17th.—The pains have nearly disappeared from the hands and feet; but this evening Mr. Hill, the resident surgeon, was suddenly sent for, as the patient appeared to be getting worse. He ordered brandy and beef-tea to be injected into the bowel every three hours, on account of the very prostrate condition she was in; and she complained of pain in her chest, with a feeling of suffocation.

18th.—Dr. O'Connor found the patient suffering from general feverish disturbance. She complained of severe pain in the region of the heart, with a feeling of constriction. She was restless; pulse 135 and hard; respiration 40; the carotids were pulsating visibly. On examination of the chest, an intense pericardial friction sound was observed. A blister, four inches square, was immediately applied over the heart, to be kept open with a dressing of equal parts of savine and mild mercurial ointments. A grain and a half of calomel and three grains of Dover's powder every three hours, and the saline mixture with bicarbonate of potash, the same as first ordered, to be given every four hours. The brandy to be discontinued.

On the evening of the 19th there was less pain in the region of the heart; the feeling of constriction was not quite so urgent; pulse 124, hard, but regular; the friction-sound had become more general.

On the 21st there was a marked improvement in the whole of the symptoms: the anxiety and feeling of depression were not so great; the feeling of constriction and hurried breathing were less; pulse 110, soft, and more full; impulse of the heart diminished. The friction-sound continued distinct over the whole region, but was not so intense, and approached more to a bellows murmur.

On the 22nd there was mercurial action. The symptoms generally had abated, and she had some sleep the previous night. Ordered liquor of acetate of ammonia every six hours. The powders and the mercurial dressing to be discontinued. From this date there was rapid progress towards improvement, and in a few days she was able to take the half-diet of the hospital.

Oct. 3rd.—The friction-sound has altogether disappeared; there is slight bellows murmur; feels weak; the pulse is 90; respiration 20; sleeps comfortably at night; appetite improving. Ordered, citrate of quinine with iron and infusion of quassia, three times a day.

10th.—She regains strength slowly; all symptoms of uneasiness about the heart have departed; there is slight swelling at the ankles; sleeps well; pulse 80, fuller. The dose of the citrate of iron and quinine increased to eight grains. To have a pint of stout daily, as brandy and wine disagree; and full diet.

17th.—There was progressive improvement; the swelling at the ankles has disappeared; but on account of complaining of pains of a severe character in the legs she was ordered five grains of iodide of potassium in infusion of calumba and tincture of bark, three times a day. The pains ceased in a few days, and on the 22nd of October she left the hospital completely restored, the phenomena of the heart being perfectly natural.

On the 6th of this month (November) the patient presented herself at the hospital, free from any rheumatic pains or cardiac disease.

LONDON HOSPITAL.

CASES OF INDURATED CHANCRE OF THE LIP.

(Under the care of Mr. ADAMS.)

CASE 1.—A fine, healthy-looking young woman presented herself at the hospital with a sore on the red margin and centre of the lower lip. It was slightly elevated above the surface of the lip; just moist, painless, and seated on a distinctly indurated base. Below the jaw, the submaxillary lymphatic glands were enlarged, indolent, indurated, and painless. While under treatment, sore-throat, roseola, and syphilitic lepra followed in due course.

CASE 2.—A young man presented himself amongst Mr. Maunder's out-patients with a sore on the centre of the upper

lip, and was transferred as an in-patient to Mr. Adams. The sore was seated on a specifically indurated base, the induration being at this time somewhat concealed by accidental inflammatory exudation; surface slightly fretted, discharging pus; submaxillary glands much enlarged and very painful. While under observation, sore-throat, lepra, and alopecia set in, while the glands gradually became less and less painful and smaller. The sore for some time had no tendency to heal.

INDURATED CHANCRE OF THE LIP.

(Under the care of Mr. C. F. MAUNDER.)

CASE 3.—A man, about fifty years of age, presented himself amongst the out-patients, with a sore on the centre of the lower lip. It was seated on an indurated base; its surface was somewhat concealed by a scab, formed apparently partly of blood, and partly of pus; it was painless, and attended by enlarged, indolent, indurated, and painless glands. Mercury was prescribed, and under its influence (although the patient was unfortunately only a fortnight under observation) the sore took on healthy action, and the enlarged glands had almost disappeared.

These three cases, which have been lately under observation at the London Hospital, are worthy of record, because each and all were considered by some surgeons to be examples of epithelioma. In Cases 1 and 2, neither the age of the patients nor the short existence of the sores, attended as they were by an adenopathy, was in favour of epithelioma; whilst the appearance of secondary symptoms clearly indicated the nature of each case. In Case 3, age was in favour of epithelioma; but the beneficial effect of mercury dissipated any doubt previously existing in the minds of some. Enlarged glands attendant on the indurated chancre usually appear before the expiration of twelve days from the origin of the sore, while the enlarged glands follow epithelioma generally not earlier than after the lapse of twelve months.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 5TH, 1861.

DR. COPLAND, PRESIDENT.

RUPTURE OF THE LIVER, TWO CASES, ETC.

DR. MURCHISON showed one specimen of considerable rupture from a person killed in a recent railway accident; the other specimen was less extensive. An example of rupture of the diaphragm was also shown, through which a large portion of the liver and the stomach escaped into the chest. A case of rupture of the stomach was likewise exhibited. It was remarkable that the blood was in a fluid state in one of these cases.

Dr. COPLAND believed it was common, in death from injuries to any of the internal organs supplied from the great ganglionic system, for no coagulation of the blood to take place.

In answer to a question from Dr. O'CONNOR, Dr. MURCHISON stated that death was immediate after the rupture of the liver.

Dr. PEACOCK exhibited a

HEART WITH AN OPEN DUCTUS ARTERIOSUS.

The specimen was removed from a man thirty years of age, whose previous history was not known, and who died suddenly at St. Thomas's Hospital before he could be placed in bed. The heart was of large size, and presented marked hypertrophy and dilatation of both ventricles, but more especially of the right. It weighed 20½ oz. avoirdupois. The pulmonary artery was of full size, and gave origin to the ductus arteriosus in the usual situation; the latter was freely open, and of sufficient capacity to give passage to a writing quill. The whole aorta was of small size, but the ascending aorta was relatively large. Beyond the origin of the left subclavian artery the vessel diminished considerably in capacity, and expanded after the entrance of the ductus arteriosus. Dr. Peacock regarded the case as an example of a permanently pervious condition of the ductus arteriosus resulting from congenital contraction of the portion of the aorta distal to the left subclavian artery.

The same gentleman also exhibited a specimen of an

ANEURISM OF THE DESCENDING THORACIC AORTA,

which had produced laryngeal symptoms from pressure on the left recurrent nerve, had given rise to hæmoptysis from involving the lung, and finally produced death by rupturing into the left pleural cavity. The man from whom the specimen was removed was thirty-five years of age and a scaffold builder. He was received into St. Thomas's Hospital on the 12th of June last, and had then suffered from dyspnœa for twelve months, but was able to follow his work till a week before his admission into the hospital. When first seen, he had considerable dyspnœa, increased on exertion; spoke with a peculiar, hollow, interrupted, and feeble voice; and had a loud, ringing cough. There was a prominence of considerable size below the middle and outer end of the left clavicle, and the sound on percussion was there entirely dull; respiration was abolished, and replaced by abnormal pulsation and feeble double murmur. The left external jugular vein was also much distended. At the base of the heart there was a feeble diastolic sound, propagated down the left side of the lower part of the sternum; and the pulse was somewhat of a regurgitant character, but equal in the two wrists. Some time after his admission he began to spit blood, and continued to do so for a considerable period, but never in large quantities. The left radial pulse also became fuller and firmer than the right. While in the hospital the external prominence almost entirely disappeared. He died suddenly by syncope on the 29th of October, having been first taken with faintness and insensibility at about one o'clock in the morning. From this state he rallied in about an hour, and then suddenly expired while getting out of bed at about seven o'clock. The aneurismal sac was found to arise from the descending portion of the arch of the aorta, immediately beyond the origin of the left subclavian artery. It involved the posterior and right side of the vessel, and was of an oblong form, its largest diameter being about three inches, and from above downwards it was fully the size of a large orange. On the right and posterior part it had pressed upon the bodies of several of the vertebræ, causing their denudation and absorption. On the left the sac involved the upper lobe of the left lung; it had also compressed the main branches of the lower lobe, and so caused collapse of that portion of the lung. The aneurism had opened by a small aperture, not larger than would admit an ordinary probe, into the cavity of the left pleura, and about four pounds of coagulated blood were found in that cavity. The left recurrent laryngeal nerve, when making its turn round the aorta, must have been compressed between the vessel and the sac. The upper part of the sac rose above its point of origin, and formed the prominence observed beneath the clavicle during life. The heart, and especially the left ventricle, was somewhat hypertrophied and dilated. The aortic valves were thickened, and the right segment was introverted and contracted at its free edge, and was considerably beneath the level of the other segments, so as to allow of regurgitation from the aorta into the ventricle. The results of the examination after death very fully illustrated the various symptoms which had been observed during life.

Dr. COPLAND pointed out, as a remarkable circumstance in this case, that the bloody sputum was not direct from the aneurism; that it was from interference with the circulation through the lung, which was pressed upon by the sac of the aneurism.

Dr. CRISP asked if Dr. Peacock thought that Valsalva's treatment would not contribute to maintain life longer than any other mode in these cases?

Dr. PEACOCK thought it very unlikely. He agreed with Dr. Stokes, that if fibrin was to be formed, it would be by nourishing the system, and not by lowering it. He had adopted in this case rest, perfect quiet of mind and body, and fair nutritious diet. Incompetency of the aortic valves, he thought, especially contraindicated Valsalva's treatment.

Dr. COPLAND agreed with Dr. Peacock.

DISEASE OF THE AORTIC VALVES.

Dr. R. BENNETT presented this preparation, the peculiarity of which was, that the disease of these valves, although very slight anatomically considered, had been productive of very marked symptoms and of the gravest changes, leading in no long period to death. He described the physical signs met with during life.

DISEASE OF SUPRA-RENAL CAPSULES.

Dr. MONTGOMERY showed these and a portion of the skin from a very typical case of Addison's disease in a boy. The deeply bronzed skin and the disease of the supra-renal capsules were the only abnormal conditions found throughout the body. He died apparently of debility, slowly increasing in spite of all treatment.

CASTS OF TEETH IN SYPHILIS.

Mr. NUNN showed two casts from the teeth of two un

doubtedly syphilitic subjects, showing the alterations from the normal type, which it had been previously shown that syphilis produced; one from a child at eight, and another at fourteen years of age.

Dr. MURCHISON asked whether this condition of teeth had not been found in perfectly untainted children?

Mr. WM. ADAMS was certain he had met with these characters in the teeth of non-syphilitic children, in whom it might have been caused by other means, as mercurial treatment, &c.

Dr. O'CONNOR thought these characters might be caused by the excessive use of mercury, and he believed he had traced them to the use of that drug.

Dr. HARLEY considered that such teeth occurring at six or eight years of age were physiological and not pathological conditions. The milk teeth will commonly at that age show these marks.

Dr. PEACOCK thought the specimen in question was not a fair illustration of Mr. Hutchinson's views.

Dr. BRISTOWE and Dr. R. BENNETT coincided with the above remark.

Mr. BROOKE believed this condition might be due to some morbid influence on the early teeth, but not necessarily to a syphilitic one.

Mr. NUNN replied that he did not bring them to prove that such teeth were necessarily always syphilitic, but simply as two specimens from patients who are actually labouring under hereditary syphilis. Here were two undoubted subjects of syphilis, and here were the teeth; but he made no assertion respecting any other teeth.

HYDATIDS IN RIGHT HEPATIC DUCT.

Dr. DICKENSON related an interesting case in which a collection of hydatids had been formed, situated in the right hepatic duct.

UTERUS AND APPENDAGE AT THE MENSTRUAL PERIOD.

Dr. HARLEY exhibited these in their recent state, having been just removed from a married woman, aged twenty-three, who drowned herself just at the time of the menstrual period. The uterus was enlarged, of a deep-red colour, the colour increasing gradually from the mouth to the fundus. The Fallopian tubes and ovaries were congested. A Graafian vesicle was on the point of bursting, and was of the size of a hazel-nut. The fimbriated extremities of the Fallopian tubes were enlarged, outspread, and the central opening of the channel was also enlarged.

STRICTURE OF THE ŒSOPHAGUS.

Mr. SHILLITOE showed this preparation. The situation of the stricture was opposite the bifurcation of the left bronchus.

FATTY TRANSFORMATION OF THE KIDNEY.

Dr. HULLETT BROWNE exhibited this from a youth, in whom it had occurred, he believed, as the result of calculus impacted there. A small calculous body was seen now existing in the specimen.

SLOUGHING OF THE INTESTINE IN HERNIA.

Mr. ADAMS showed this specimen from a woman, aged sixty. It was inguinal. The bowel had been strangulated four days before admission to the hospital, and there was stercoraceous vomiting. The operation was performed after watching the case for some hours, and she died after thirteen days.

OBSTETRICAL SOCIETY OF LONDON.

NOVEMBER 6TH, 1861.

DR. TYLER SMITH, PRESIDENT.

TWENTY-EIGHT gentlemen were balloted for and duly elected as Fellows.

The following candidates for admission into the Society were ordered to be balloted for at the next meeting—viz.: T. W. Best, Esq.; Dr. Joseph Cogan; Wm. Collingwood, Esq.; Hugh Croskery, Esq.; Robert Ellis, Esq.; T. T. Frankland, Esq.; A. J. Harris, Esq.; Dr. H. S. Hounsell; and John Williams, Esq.

Dr. J. BRAXTON HICKS exhibited some instruments, made under his directions by Durroch, of St. Thomas's-street, London-bridge, for the removal of polypi, cauliflower growths, cervix uteri, hæmorrhoids, &c. Their principle consisted in the adaptation of rope, made of annealed steel-wire, to the shaft of a screw-écraseur, whereby the flexibility of the rope was combined with nearly the strength of the chain. Dr. Hicks said he had made experiments with a variety of materials, and considered the annealed steel-wire that which combined the greatest strength with the most flexibility.

Dr. OLDHAM then exhibited a large Fibroid Polypus of the Uterus, which he had lately removed with Dr. Hicks' larger instrument. The tumour completely filled the vagina, distending it above the level of the brim. The rope was carried around its neck by the hand passed into the vagina, and the section completed without difficulty or hæmorrhage.

Dr. TYLER SMITH observed, that if the annealed steel-wire were stronger than other wire, Dr. Braxton Hicks would have rendered essential service in the treatment of polypus. He had himself for many years abandoned the use of whip-cord for wire in the removal of polypus and cauliflower excrescence. His instrument was made on the plan of Gooch's, but sufficiently strong to cut through the tumour at once. He had used plated copper-wire, or hard iron-wire, both singly and stranded.

Mr. SPENCER WELLS, in reply to a question from Dr. Hicks, stated that the wire cord he had used was made by stranding together from six to ten lengths of the ordinary Sheffield iron wire introduced by Dr. Simpson. He (Mr. Wells) had removed fibrous polypi easily by this cord, and had once cut through the cervix uteri without difficulty. He had used the screw-écraseur for tightening the cord, and the tourniquet screw; but he thought the double sawing action of Mathieu's rack-écraseur was better than the simple screw used by Dr. Hicks. In one case the tumour was sawn off; in the other simply squeezed off.

Dr. GRAILY HEWITT exhibited a

POLYPUS OF THE UTERUS REMOVED BY THE ÉCRASEUR.

The polypus was pendulous in the vagina by a thin pedicle from the interior of the uterus, and was the size of an egg, having a flattened shape. There was no difficulty in the operation, which succeeded perfectly. The case was worthy of mention, inasmuch as it had been treated for about a year for prolapsus uteri, a pessary having been worn.

FIVE CASES OF OVARIOTOMY.

BY I. BAKER BROWN, ESQ., F.R.C.S.,

SENIOR SURGEON TO THE LONDON SURGICAL HOME.

CASE 1.—L. H——, aged twenty-one, single, admitted Aug. 29th, 1861. Has had a tumour two years, and has been twice tapped. W s operated on Sept. 19th. There were no adhesions. Pedicle secured by a clamp, which was taken off three days afterwards, and the pedicle allowed to return. Never had a bad symptom. The opening, when healed, measured 3¼ in. The tumour, which was multilocular, contained seventeen pints of fluid.

CASE 2.—F. W——, aged nineteen, single, admitted Oct. 7th. Has had the tumour two years. Operated on Oct. 24th. There were no adhesions. Pedicle treated as in Case 1. Operation lasted barely ten minutes. Had only one grain of opium. Is now quite convalescent. Tumour of the multilocular character, and composed of one large cyst, containing fourteen pints of fluid, and a conglomerated mass of smaller cysts.

CASE 3.—C. S——, aged forty-nine, married, admitted Sept. 9th. Has had the tumour six years, and has twice been tapped. Operated on Oct. 31st. Only one adhesion, in the direction of the liver, which was tied with a ligature. Is now doing well. Has had one grain of opium nightly since operation. Pedicle treated as in Case 1. Tumour of multilocular character, and weighing 1 lb. 11 oz. It consisted of two cysts, with very thin walls, containing between eleven and twelve pints of dark albuminous fluid, and several masses of conglomerated cysts, varying in size from a walnut to an orange.

CASE 4.—M. A. M——, aged fifty, admitted October 14th. Is the mother of six children; is of very nervous and desponding temperament. Has had the tumour for three years. Operated upon October 31st. The tumour weighed 6 lb. 14 oz., and was composed of a mass of honeycomb cysts. There were no adhesions above, but there was one in the direction of the liver, which was ligatured. The tumour was withdrawn with great difficulty, it having modeled itself to the form of the pelvis and being attached to the whole external surface of the fundus of the uterus. The pedicle was too large to be embraced by a clamp. One portion only was secured by callipers; the remainder was divided into four separate portions, and each secured by as many double ligatures. These were retained outside. There were also several large vessels ligatured. The surface of the tumour which was cut off measured 5½ in. by 3 in. The patient never did well; nothing rallied her; and she sank forty

hours after the operation. She had two grains of opium given her altogether. The autopsy showed very partial peritonitis and general congestion of the abdominal viscera. The whole surface of the pedicle was covered with clots, and there was also some blood in the cavity of the peritoneum. She evidently died from the great shock of the operation.

CASE 5.—M. T——, aged twenty-three; has had the tumour over three years. Operated upon October 31st. There were no adhesions. The patient has not had a bad symptom, and is already convalescent.

These cases make a total of fourteen operations for ovariotomy performed in the London Surgical Home, of which ten have been successful.

Mr. SPENCER WELLS presented a female bladder showing the results of

RETENTION OF URINE AFTER DELIVERY.

The coats of the bladder were thickened, and lying loose in the cavity. There was found a mass, composed of the whole of the mucous membrane, detached from the muscular coat, and covered on both sides with a deposit of the saline elements of urine. Microscopically, this mass might be described as degenerate epithelium holding together saline deposit. On boiling a piece of it in twenty pints of water to one ounce of acetic acid, much of the saline matter is dissolved, and some of the tissue becomes clear, looking like smooth muscular tissue which has begun to degenerate by the deposit of fatty or albuminous particles in its substance. The case was a very painful but most important one; and Mr. Wells brought it before the Society by the express desire of the father of the patient (a highly-esteemed member of our profession) in order to impress upon all the lesson that a valuable life may be lost, and the surgeon's reputation also, if the catheter be not promptly used whenever urine is retained in the bladder, especially during or after labour. This lady was perfectly healthy, twenty-two years of age, and was taken in labour with her first child, at her home in the country, on the morning of the 20th of Aug. last. The pains were trivial until the evening. At half-past eight the membranes broke, and the child was born at forty minutes past nine. The placenta soon followed. The nurse had told the medical practitioner in attendance that the lady had been unable to pass urine during the day; but he "did not heed it." Two hours after delivery there was much pain and distressing desire to micturate, which continued the whole night, and no sleep. The next morning the abdomen was large and tense below the umbilicus. Fomentations and diuretic draughts were ordered. At night an attempt was made for the first time to pass the catheter; but it was unsuccessful. The patient passed a most distressing night, was left all through the next day unrelieved; but at night another surgeon was brought, who at once introduced the catheter, and removed five pints of turbid bloody urine. The bladder was not relieved until forty-eight hours after delivery; and no urine had passed for fourteen hours previous to delivery. The catheter was introduced two or three times a day for some time. The urine became ammoniacal, and remained so. On the 31st of August she had a severe rigor. Two or three days afterwards the urine began to dribble away involuntarily. About the 12th of Sept. it was supposed that she was the subject of vesico-vaginal fistula, and she was brought to town on the 21st in order that Mr. Wells might operate on this fistula; but it was found that there was no fistula, the incontinence of urine depending solely upon disease of the bladder. A train of very distressing cerebral symptoms followed, for which she was attended by Dr. West and Dr. Arthur Farre, with Mr. Wells, and she died on the 16th of October.

Dr. TANNER considered that, as death had not followed until two months after delivery, and cerebral symptoms had supervened, the neglect in using the catheter could not positively be regarded as the real cause of death. He thought that it was by no means certain that the surgeon in attendance was so much to blame as at first sight appeared from the history of the case just given. He was sure that we ought to be very careful how we cast obloquy upon any gentleman.

Mr. SPENCER WELLS replied, that so far from there being any disposition to blame the gentleman unduly, Dr. West and he (Mr. Wells) had been the means of stopping legal proceedings which had been commenced against him. Had not the lady's father been a medical man the case would not have been brought forward, it being his desire that some good might arise from the case being made known to the profession without mention of any names. Mr. Wells trusted that the lesson might not be lost, as all who saw the patient believed that the retention of urine was the cause of the disease of the bladder, and the disease of the bladder the cause of death.

Dr. CHOWNE agreed with Dr. Tanner in defending the surgeon. He (Dr. Chowne) had frequently allowed urine to be retained many hours without resorting to the catheter, and he had never seen any serious result follow.

ON VAGINISMUS.

BY J. MARION SIMS, M.D.,

SURGEON TO THE WOMEN'S HOSPITAL, NEW YORK.

(*Communicated by* Dr. TYLER SMITH.)

By the term "Vaginismus" the author proposes to designate an involuntary spasmodic closure of the mouth of the vagina, attended with such excessive super-sensitiveness as to form a complete barrier to coition. This affection may be complicated with inflammation, but it does not depend upon it; and in the most perfect examples which Dr. Marion Sims had witnessed, there was no such complication. Vaginismus can only be confounded with impermeable hymen, or with atresia. In each of these two cases marriage may have existed without consummation, but the true cause is patent on investigation. In an example of vaginismus the gentlest touch with the finger produces excruciating agony. The sensitiveness is at all parts of the vaginal outlet; but often the most tender part of all is at the fourchette just where the hymen projects upwards, or, again, at the orifice of the vulvo-vaginal gland. The treatment consists in the removal of the hymen, the incision of the vaginal orifice, and subsequent dilatation. The way in which these operations are to be performed was fully described; and the paper concluded with some general observations to show why the term "Vaginismus" had been chosen for this disease.

Dr. OLDHAM thought that there were few obstetricians of much experience who had not met with cases of a similar nature to those noticed by the author. He reminded the Society that some years ago he had described some cases where these painful symptoms were present, but which he had connected with inflammatory conditions of the follicles of the vulva. He had since that time kept a record of similar cases, and he did not call to his recollection any instance where there was not that condition present. He had found almost every case amenable to a sedative plan of treatment, and condemned the use of caustics.

Dr. J. BRAXTON HICKS had seen one such case in which the whole membrane of the vulva was rough with small papillæ; and he considered that the exquisite tenderness in this case was owing to a diseased condition of the sensitive papillæ.

Dr. TYLER SMITH said that Dr. Marion Sims had given a name to a condition which he thought was far from uncommon in this country. Excessive sensibility and spasm of the vagina were sometimes quite distinct from vaginitis, and might be present when no disease of the mucous membrane existed. He had always considered it as hysterical spasm of the sphincter vaginæ, and treated it by divison and dilatation. He had known such a condition interfere with intercourse for many years.

Dr. TANNER thought that the cases described by Dr. Sims and those alluded to by Dr. Oldham were quite distinct in their nature. As regards follicular inflammation of the vulva, Dr. Tanner was happy to bear witness to the accurate description of this troublesome disease which had been given by Dr. Oldham. Such cases were only to be cured by attention to the general health and sedative local applications. All irritating lotions or ointments did great mischief.

Mr. SPENCER WELLS could support Dr. Tyler Smith's statement, that these cases were sometimes seen without any follicular disease about the vulva. He had seen such a case where connexion had been impossible for three years after marriage. There was no hymen, or merely a rudimentary fold of mucous membrane, offering no impediment. This case was completely cured by introducing one of Bourjeaurd's artificial air-pessaries under chloroform, and keeping up dilatation for a few days.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, NOV. 1ST, 1861.

DR. SEATON, PRESIDENT, IN THE CHAIR.

THE inaugural meeting of the session was held this evening, when Dr. SEATON thanked the Society for again electing him their President. At the same time he made some remarks upon their satisfactory state, the Society not having sustained any loss amongst the members, but, on the contrary, that

during the year they had made some valuable and active additions to their numbers.

Dr. ANSTIE read a paper on

THE PROOFS OF LIVE-BIRTH IN RELATION TO PROSECUTIONS FOR INFANTICIDE.

His object was to show that the frequent failures of justice which occur in trials for infanticide depend greatly on the character of the scientific evidence which is required to be adduced. Proof is demanded that the child was wholly born and alive at the time of the infliction of the alleged injuries; but the law leaves the declaration of what constitutes proof of "live-birth" to the medical witnesses and the judge in each particular case. At the same time medical men in this country seem at present to be hopelessly at variance with regard to what constitutes proof of live-birth; as is plainly shown by the late trial of Brock *v.* Kellock, before Vice-Chancellor Stuart, in the course of which Drs. Lee and Ramsbotham gave a decided opinion that proof of respiration was necessary, while, on the other hand, Drs. Taylor and Tyler Smith considered that this was unnecessary, and that evidence of the continuance of circulation after birth proved the child to have been born alive. The question here raised as to the necessity or otherwise of the proof of respiration is an old one. In the time of Justinian, the two great sects of Roman lawyers disputed it fiercely; but the Emperor cut short the matter by making a law to the effect that the child need not have been heard to cry (the old test of respiration) if any other sign of vitality had been observed, and if the child had been wholly in the world at the time. In France this edict was annulled successively by Dagobert and by Louis IX., and was at length completely set aside by the Code Napoléon, which demanded proof of "viability," and which has been interpreted by all the most celebrated of modern French medico-legists as requiring evidence of respiration. In England and Scotland the ancient custom of the law courts, as expounded by Bracton, Glanvil, and the author of "Fleta," had plainly required the proof of cries, and in Scotland this practice had never been changed (*vide* Lord Stair, MacDoual, &c.) In England we first meet with an innovation on the established practice in the time of Henry VIII., when the judges sitting in common bank decided that the proof of cries was not necessary to the proof of live-birth if other evidences of life could be produced. There is great reason to think that this decision was pronounced in deference to the ancient edict of Justinian, since it seems to have been based on the same reason which the Emperor assigns—viz., that the child might possibly have been born dumb, a thing which is really impossible, as Chaussier amongst others has well shown. The next precedent in the same sense is the cause of Fyshe *v.* Palmer, which was decided in 1806 in the Court of Exchequer, and in which muscular movements were held sufficient evidence of live-birth, although respiration had not taken place. Baron Parke also, in a case of infanticide (Rex *v.* Brain, Norwich Assizes, 1837) decided that proof of respiration was unnecessary, grounding his judgment on the possibility of a child being born asphyxiated, though really alive. Finally, we have Sir John Stuart's decision in Brock *v.* Kellock, where proof of the continuance of circulation after entire birth was held to be sufficient evidence of live-birth.

The author showed that these four isolated decisions of the English Courts against the necessity of adducing proof of respiration stand in opposition not only to the practice of the Scottish Courts at all periods, and of the English tribunals in former times, and, indeed, to this day, in cases of infanticide, but that they are in opposition to the opinions of all the most distinguished Continental medical jurists. Positive opinions in favour of requiring proof of the performance of respiration were cited from Fodéré, Orfila, Chaussier, Dubois, Pelletan, Alphonse Le Roy, Merlin, Briand, Auvity, Casper, Zacchia, and others.

Dr. Anstie then entered on the physiological argument. He contended for the essential distinction which is to be drawn between fœtal and independent life. The grounds for this distinction are, that immediately upon the occurrence of respiration, certain important anatomical changes take place in the body of the child; and that concurrently with these changes it commences to exhibit the phenomena of consciousness, and the attributes, however imperfectly developed, of independence. The phenomena of consciousness are not manifested in the slightest degree until respiration has commenced. All that occurs before the commencement of respiration by the lungs is nothing more than the evidence of fœtal life—a life which is not separate from, but a part of, that of the mother. If the fœtus be cast off before it has acquired the physical capacity for independent life, it may indeed palpitate for a short time with that same sort of vitality which we see in the frog's heart which has been removed from the animal's body. But it is not alive as a separate being. The objection drawn to respiration as a test of independent life from the case of asphyxiated infants was considered. Asphyxia in the fœtus, equally as in the independent being who is strangled or drowned, depends on privation of oxygen. If this privation have been carried far enough (as in the case of protracted pressure on the funis during labour), the fœtus becomes so hopelessly poisoned with carbonic acid that its nervous system is unable to respond to the stimulus of the external air, or even of oxygen introduced into the lungs artificially; it is unable to experience that first sensation of independent life, the "besoin de respirer." No effort at breathing is ever made; no anatomical changes occur; the fœtus never becomes alive in the social sense. Physiologically speaking, it doubtless still retains for a short space of time a sort of vitality—a vitality such as that exhibited by the amputated limb, whose muscles are still capable of being roused to contraction—but which in no way entitles it to be considered an independent human being. The opinions of Drs. Taylor and Tyler Smith above quoted are, therefore, incorrect. A child is not live-born unless it has breathed. Consciousness and independent life commence simultaneously with respiration.

The author advocated certain changes in the law relating to child-murder. First of all, the proof of respiration should be declared by the Legislature to be necessary to the proof of live-birth. Secondly, the absurd proviso that a child must be wholly disengaged from the vagina before it can be considered to be wholly born (a relic of Roman legislation) should be abolished, and the first moment of respiration should be considered as the commencement of legal life. Thirdly, in order to meet the case of those infanticides who may prevent the occurrence of respiration by the infliction of injuries during delivery, the punishment of child-murder should be affixed to the guilty intent, even though the child was never "live-born."

The author concluded with a summary of the evidence which may truly be said to prove the occurrence of respiration, and by showing that the definite establishment of the respiration-test would be highly advantageous in relation to civil causes in which (as in the case of Brock *v.* Kellock) the succession to property depended on the question of the live- or still-birth of a child.

Reviews and Notices of Books.

A Manual of the Dissection of the Human Body. By LUTHER HOLDEN, F.R.C.S.; Assistant-Surgeon of, and Lecturer on Anatomy at, St. Bartholomew's Hospital. Illustrated with numerous Wood Engravings. Second Edition. pp. 576. London: Churchill.

BEING a lecturer in one of the London schools, Mr. Holden must be regarded with respect as an anatomist; and no doubt the assistance which many have received from his work on Osteology will predispose them favourably to this his larger production. Ten years ago the first edition appeared, and though popular at St. Bartholomew's, it never, we believe, came into general use in other schools, owing to the omissions and errors which formed such serious blemishes to its pages. This, the second edition, has been improved in many respects, and especially in being illustrated to a certain extent by woodcuts; and we must compliment the author on his straightforwardness in calling the greater part of them "diagrams," which they really are—i. e., though assisting in some degree in the recognition of the part under examination, they do not profess to be pictures of actual dissections. It happens, unfortunately, that in the present instance it would have been better had all the illustrations been called diagrams, for the more ambitious ones, and even those said to be photographed from nature, are far from picturesque.

It is not, however, with the illustrations that we wish to deal at present, but with the letterpress; and there we have noted one or two points which must be animadverted upon.

At page 299 we find the following:—

"When a piece of intestine escapes along the inguinal canal with the cord, and protrudes through the outer ring, it is called an *oblique* inguinal hernia. If the intestine stops in the

inguinal canal, it is called an *internal* or incomplete inguinal hernia; such a one is generally of small size, and often difficult of detection. Lastly, if a portion of intestine escape at once through the external ring, then it is called a *direct* inguinal hernia."

This is quite a new nomenclature for the varieties of hernia, for we have always believed that a hernia was *external* or *internal* with respect to the epigastric artery, and that the terms had nothing whatever to do with protrusion or otherwise through the external ring,—and thus external=oblique hernia, and internal=direct. Are the St. Bartholomew's staff willing to endorse these views, and especially the veteran Lawrence, whose standard work on Ruptures admits of no such idea? If not, what right has Mr. Holden to promulgate notions of his own, which must infallibly mislead unfortunate students?

Again, at page 310 we find a diagram of the reflections of the peritoneum, in which a novel arrangement is given to the fold forming the *meso-colon*. Has Mr. Holden any authority for this diagram and the corresponding letterpress, which describes that which we will undertake to say he has never seen in an adult subject?

These are no trifling matters, for it happens that they are the two subjects most frequently examined upon. We forbear to animadvert upon errors of more trivial character, and omissions—such as the anatomy of "congenital hernia," &c.; but we cannot conscientiously recommend the work unless it can be shown that its doctrines are those generally taught and received by the majority of anatomical lecturers.

A Manual of the Practice of Medicine. By GEORGE HILARO BARLOW, M.A. and M.D., Senior Physician to Guy's Hospital. Second Edition. pp. 738. London: Churchill.

THOUGH we have never regarded the present work as one of the most markworthy members of Mr. Churchill's well-known series of Manuals, yet we are glad to find it in a second edition, and presenting an improved appearance. The whole book, we are informed, has been revised, rewritten in some parts, and no inconsiderable amount of new matter has been added. Relative to the treatment of inflammation, the author has in some degree modified the practice recommended in the former edition, albeit still believing the principles there adduced to be sound. The views of the author upon the treatment of cholera continue unaltered, though they have been cavilled at by several authorities. Upon the whole, Dr. Barlow's Manual is a very fit work to be placed in the hands of the student. Some of the subjects are discussed in a way which leaves little to be desired, but others, we must maintain, are presented under a most meagre aspect. We think it would have been better if, in a Manual of the *Practice* of Medicine, the special had been divided from the general pathology. This would have given the author 150 more pages to have devoted to the portrayal of particular diseases. The general pathology might have formed another treatise, which could have been so arranged as not to clash with the Manual upon Morbid Anatomy by Drs. Jones and Sieveking. Let the triumvirate turn this question over in their minds prospective of future editions.

A Manual of the Diseases of India. By W. J. MOORE, L.R.C.P. Edin., H.M.'s Indian Medical Service, Bombay Establishment. pp. 220. London: Churchill.

AT the commencement of his Indian service, the author, though having had the advantage of seeing a large amount of general practice, felt the want of a small volume which should afford at a glance the prominent characteristics and the most approved treatment of disease as it occurs in India. Knowing that others had felt the same want, and had expressed their belief that a small, concise work of the kind would be useful, not only in the initiative, but at other periods, Dr. Moore has been led to compile the present volume, as tending to fill the hiatus in question. A numerous class to whom it is presumed the work may prove acceptable, are the European and native hospital assistants attached to the different medical establishments in the East. Such will, no doubt, find therein a cheaper and more condensed mass of information than is contained in any other existing work of a similar size. The author observes,—

"It is not for one moment my intention to offer this small book as a substitute for the larger volumes of other writers; I merely intend it as an introduction to their study, and as a means of retaining, at an after-period, much of the information they contain. Also as a volume, unlike many others, adapted for the medical officer when obliged to economize space in the cabin, the tent, or the bullock trunk.....Of course, a manual must be more or less compiled from other sources, and I believe, with the exception of original remarks, every item in the work is the opinion of some one well qualified to offer an opinion."

We have read every page of Dr. Moore's Manual, and can safely say that the only fault to be found is that the book is too short. The whole of the first part—which treats of Indian Climatology, the means of preserving the health of Europeans in India, and of Hill and Marine Sanitaria—forms an admirable sketch of hygiene in its application to Europeans in India. This portion of the work may be recommended also to any traveller, as affording much interesting and valuable information. The second part includes—Diseases depending on Malarious Influences as a chief cause, on Heat as a chief cause, on the Combined Effects of Heat and Cold as a chief cause, on Vicissitude of Temperature, on Specific Poisons, on Defective Diet, on the Entozoa commonly met with in India; and Diseases depending on Climatorial Influences, or secondarily on one or other of the preceding diseases. The work closes with a chapter on some Affection supposed to be caused by the Moon.

Without making the least pretence to rivalry with the standard works of Morehead, Martin, Johnson, and others, Dr. Moore's volume may be confidently recommended as supplying the want before alluded to. We think so highly of the capabilities of its author for his work, that we would suggest that he should enlarge the book in the next edition, and that the publisher should give it the privilege of *entré* amongst his series as the "Manual for the Diseases of India." Such enlargement as we have in view would by no means increase either the size or the price beyond what even medical subordinates would, we should think, be willing to submit to.

The West India Quarterly Magazine: containing Original Communications, Reviews, Abstracts and Reports in Medicine, Surgery, the various branches of Science, Literature, Commerce, Arts, and Agriculture. Edited by HUGH CROSKERY, Esq., L.R.C.S. Ireland, &c. No. I. Aug. 1861. pp. 107. Jamaica: Henderson.

WITH a strong flavour of Medicine, this new periodical from the Islands of the West must yet be regarded, we presume, as having general scientific purposes. Though to us it appears rather a strange mixture, still no doubt it is well suited for its birthplace, which is not very clamorous, we dare say, for a journal for each science. Polite literature, also, has not been forgotten by the editor, who has lightened his heavier matter by inserting a traveller's tale, called "Between the Craters." If we were in the West Indies instead of the west of London, we should canvass strongly for the welfare of the *West India Quarterly Magazine*. As it is, we can only waft across the sea our best wishes to Mr. Croskery for the success of his undertaking.

General and Descriptive Anatomy of the Domestic Animals. By JOHN GAMGEE, Principal of the New Veterinary College, Edinburgh; and JAMES LAW, Professor in the New Veterinary College, Edinburgh. With numerous Illustrations. pp. 235. Edinburgh: Jack.

IT is but simple justice to Mr. Gamgee to state our opinion of the debt which the literature of veterinary science owes to him for his past and continued exertions in its furtherance.

We have no hesitation in saying that veterinarians cannot boast of possessing in their ranks more scientific writers and abler practitioners than the Messrs. Gamgee, of Edinburgh and Birmingham. In this work, Mr. John Gamgee has been assisted by Mr. James Law in producing the first portion of a treatise which will, when complete, be unique in our language. A work upon the Anatomy of the Domestic Animals fit to be placed in the hands of the student of veterinary medicine has not as yet graced our literature. If the present be completed in the same style as that in which it has been commenced, it will not only supply a great want felt at our Veterinary Colleges, but will reflect much credit upon the Northern School, whence it has originated. The first portion of it is devoted to general anatomy as introductory to the detailed account of specific parts and organs, which follows. Of the latter we have only so much at present as includes "Osteology," the rest being to come. A great number of the illustrations are original, whilst the remainder are taken from the well-known engravings in Professor Leyh's anatomical treatise. The frontispiece of the work is a very beautiful and, anatomically speaking, satisfactory drawing of the skeleton of the horse, of no less a horse indeed than the famous "Eclipse." In this skeleton the direction of the spine and the relations of the bones have been preserved by the only possible way, their natural ligaments. The skeleton has been drawn to a scale of one-tenth by Mr. Clark Stanton, who has specially studied the anatomy of the horse with a view to correct drawing and modelling. Until now, as the authors state,

"Very considerable defects have been overlooked in plates hitherto published, and which consist chiefly in the spinal curves having been drawn to an artist's fancy, and the limbs being wrongly placed. The direction of the individual bones and the angles formed by them in the extremities are, without a single exception that we are aware of, false in atlases and treatises, British or Continental."—p. 90.

The work appears to be brought up to the latest advances in anatomic knowledge, whether of a general or a specific kind, and a good list of foreign works, either specially devoted to veterinary anatomy, or containing useful information upon the subject, is reproduced in the Introduction from the treatise of Professor Leyh. The book may be confidently recommended to the scientific anatomist. We say "scientific," for it has no popular pretence.

Elementary Treatise on Physics, Experimental and Applied. By Professor A. GANOT. Translated and Edited from the Ninth Edition, with the author's sanction, by E. ATKINSON, Ph. D., F.C.S., Lecturer on Chemistry and Physics, Cheltenham College. Part I. London: Baillière.

To appear in monthly parts until completed. The work will form an octavo volume of 780 pages, and 600 illustrations inserted in the text. The present part is nicely printed and illustrated; but why so well-known and established a work should be thus given out to the public in driblets only, we are at a loss to understand. When we receive it entire we shall again refer to this translation of M. Ganot's treatise.

FATAL CASE OF POISONING BY THREE GRAINS OF STRYCHNINE IN A BOY AGED TWELVE YEARS.

To the Editor of THE LANCET.

SIR,—Since publishing the fatal case of poisoning by strychnine in THE LANCET of the 26th ult., I have been favoured with a letter from W. B. Tarleton, Esq., medical officer of the District Dispensary, Banagher, King's County, enclosing the history of another fatal case of strychnine poisoning, which came under that gentleman's notice two years ago. In this case three grains of pure strychnine were taken in the form of pill, but owing to the hardness of the pill its solution in the alimentary canal was retarded, and death did not take place for a little more than three hours.

On reading this case one cannot fail to be impressed with its importance in a medico-legal point of view; for had the boy not confessed before he died that he took the pill, and, at the same time, had he been on unfriendly terms with his brother, in whose possession the strychnine pills were, or had the latter an interest in his death, there can be little doubt but that the presumptive and circumstantial evidence that could have been adduced might have fearfully jeopardized an innocent life.

As our knowledge of toxicology is still but imperfect, and it is impossible to say how soon medical evidence may again be called for in a court of justice to aid either in the detection of crime or the shielding of the innocent from unmerited punishment, no opportunity, I think, should be lost of adding every available fact to the general fund of data upon which that evidence is to be founded. No member of the profession would, I am sure, feel any gratification in seeing re-enacted the medical controversy which gave to Palmer's trial such unfortunate notoriety.

Mr. Tarleton describes the case as follows:—"On the morning of October 11th, 1859, I was called at ten A.M. to see a young gentleman, twelve years of age, who I was told had 'taken cramps.' I dressed myself as quickly as possible, and followed the messenger to the house, not a hundred yards distant. On my arrival the following account was given me by his sister:—About ten o'clock he retired to bed in a room adjoining the one in which she and her sister slept. About half-past twelve they heard a scream and a noise as if a heavy body had fallen outside their bedroom. They immediately got up, and on opening the door found their brother in his night-dress, lying on his back, screaming with pain in his legs. They said they thought that cold was the cause of the cramps, and carried him into their warm bed, thinking it would relieve him. Finding, however, that he got worse, instead of better, they sent for an apothecary, who could not be found. A medical student, a friend of the little patient, was then called, and immediately on seeing the sufferer he insisted on my being sent for. On my arrival I found the patient in a violent spasm, resting on his head and heels, his teeth firmly clenched, his eyes open and starting from their sockets, pupils dilated, and countenance livid. On asking him if he had taken anything to eat before going to bed, he eagerly answered (when the spasm was over) that 'he had been very naughty, and had taken a pill out of his brother's desk before he went to bed.' His brother, it appeared, had gone out the previous night to shoot, and gave the boy his keys to lock up his purse in his desk, where he kept some pills for poisoning dogs. The true nature of the case at once struck me, and I hurried to my house for chloroform and the stomach-pump. But on my return the patient had a violent spasm, and when the spasm ceased he was quite dead. Death occurred about ten minutes after I first saw him, and three hours and ten minutes after he took the pill, consciousness and sensibility between the spasms remaining perfect up to within a few minutes of death."

At the inquest the brother stated, "that after destroying several dogs with the strychnine pills, of which he had originally twenty, there still remained four in the desk; but that on his return home he found his brother dead, and only three pills left in the box. The apothecary who compounded the pills stated that each contained three grains of pure strychnine, made up with mucilage, and that he compounded them eight months previously."

Mr. Tarleton ends his account of the case by saying that he examined the three pills left in the box, and found them so exceedingly hard that it required great force to break them, and justly, I think, assigns that as a reason for the length of time that elapsed between the taking of the poison and the boy's death.

This case reminds one of that of Assistant-Surgeon Bond, of the Bengal Army, who, wishing to take an aperient, took by mistake, at bed-time, two pills, each of which contained one grain of strychnine. About two hours afterwards he awoke from his sleep with violent convulsive twitchings in his legs. The spasms gradually increased, and he died in three hours after taking the pills, without the true nature of his case having been discovered. As Dr. Bond was a very tall man, it appears at first sight rather singular that three grains of poison should have taken the same length of time to prove fatal to the boy as two grains to the man. This difference in result, however, was no doubt due to the circumstance already alluded to—namely, the hardness of the pill preventing its rapid solution by the digestive fluids.

I am, Sir, yours &c.,

GEORGE HARLEY, M.D.

Harley-street, Cavendish-square, Nov. 1861.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 16, 1861.

IT is a current belief of wide acceptation, both within and without the medical profession, that Medicine is mainly indebted for her actual high scientific position to the labours of the present century. It should, however, be remembered that admiration of the present age is apt to partake largely of personal vanity. We are commonly disposed to flatter ourselves that we live in a period of greater general acquirements, of more exact observation of nature, and more rigorous methods of reasoning. Keen would be the reproach if this were not true. It would imply a lamentable degeneracy of intellect if we were not able, starting as we do from the vantage-ground won for us by the genius of our predecessors, to consolidate and extend their dominions. It would be a severe analytical problem to survey the actual condition of any one of the great subdivisions of the healing art, or of any one of the ancillary sciences, and, tracing backwards with impartial eye the many small steps by which the actual eminence upon which we so proudly stand has been achieved, to render the full measure of justice to the contributions of former generations. Not seldom, when a modern physician or anatomist glows with the rapture of discovery, he little knows what deductions from his merit or his fortune the eternal Nemesis would make, who, consulting the records of history, holds the balance of honour fairly between the men of the past and the men of the present. There is all the greater danger of our forming an exaggerated idea of the merits of the nineteenth century from the circumstance that Medicine is taught almost exclusively by the light of recent writings. We suppose there is hardly a text-book in use, and perhaps few monographs consulted, that date twenty years back. We all work under a profound conviction that the latest book on a given subject is the best—that (to use a conventional phrase) it brings the subject down to the latest revelations of science. "To what good," says the student, intent upon cramming for competitive examinations, "shall "we read the 'black letter' of Medicine, muddling ourselves "with knowledge that has been overturned by recent re-"searches?" We cannot altogether condemn this mode of reasoning. Clearly it will not serve modern purposes to study anatomy in ALBINUS, or even medicine in SYDENHAM or MORGAGNI. But there is, nevertheless, an advantage in studying the works of eminent men, although the particular things they taught may have grown obsolete. To the intelligent mind the words and the thoughts of great teachers speak and inform throughout all ages. It is a matter of deep interest and instruction to observe the mental processes by which powerful intellects assimilate and generate knowledge. A student would no doubt acquire what is called a more competent knowledge of anatomy by reading up and fixing in his mind the plates of a modern manual; but certainly he would not rise from this effort of attention and memory, as would the student of HARVEY or SYDENHAM, with a soul kindled by the fire of genius, or with an intellect trained and strengthened for original observation and induction.

Entertaining this feeling—that in this fancied progressive age we neglect the past too much, we welcome with unfeigned pleasure and gratitude the recent contribution to medical literature of the learned librarian of the College of Physicians.* Medicine, more than any other profession, has suffered in public esteem from the neglect of biographers. If rightly regarded, there is, perhaps, no profession which claims more universal sympathy and honour. Even those who sneer at what they are pleased to call the low state of Medicine before the beginning of the present century, must admit that mankind owes a large debt for extra-professional services and endowments to our predecessors. Those who read Dr. MUNK's first volume will be reminded by the names of LINACRE, Sir THOMAS BROWNE, and many others, how intimate was the association of learning with Medicine. Both volumes are replete with illustrious examples of physicians whose mere professional glories are eclipsed by their discoveries in science. In testimony of this, we need but recall the names of HARVEY, to have produced whom foreigners think one of the foremost honours of England; of MARK AKENSIDE, and JOHN ARBUTHNOT, the friend of POPE and SWIFT; of Sir GEORGE BAKER, the scholar; of Sir WILLIAM WATSON, the electrician; of JOHN WOODWARD, the founder of the Geological Museum at Cambridge; of Sir HANS SLOANE, who founded the British Museum; of WILLIAM HYDE WOLLASTON, whose chemical discoveries have added so much to the material wealth and prosperity of the country. Reflecting upon, or rather impressed by, the varied learning and achievements of our old physicians, a smart reviewer has said, with more epigrammatic wit than truth, that "they "enriched our literature with poems, novels, dramas, histories, "and treatises; in mathematics and many departments of "natural science they were zealous and efficient labourers. "They seem, collectively, to have been masters of every art "except that by which they earned their living." This eminent success in literature, and more especially in natural science, might, however, suggest a different train of reasoning. Let flippant scoffers at the professors of Medicine remember that the sciences upon which Medicine is built are these same natural sciences of which her disciples have ever been amongst the foremost cultivators. If successful and right here, is it not more than presumptive evidence that we are right in our conclusions concerning Medicine, these conclusions flowing from the same studies, pursued in the same manner and by the same men? It is this reflection that prompted us to say, that no profession had lost so much as that of Medicine for want of biographical histories. Medicine proper has rarely been duly appreciated by the world. There is something in its foundation, anatomy, and in its practice that will ever repel the mass, even of educated men, from attaining that degree of acquaintance with its principles which can alone qualify to form an intelligent opinion. But many can judge of the importance of discoveries in physics and natural history—discoveries whic can often be applied to extend the comforts and promote the wealth of men. Of the honour attaching to discoveries of this class it is eminently desirable that we should not be deprived, by neglecting to chronicle the lives of our brethren. They are valuable to us by the reflected glory they throw upon our art. They may serve, as they ought to serve, to convince the world that men who have thus seized the truths of Nature in every

* The Roll of the Royal College of Physicians of London, compiled from the Annals of the College and from other authentic Sources. By William Munk, M.D. Vol. II.: 1701 to 1800. Longman, 1861.

other department of knowledge, are not likely to have gone astray in the pursuit of the truth in Medicine. In these volumes we are constantly presented with the most striking instances of the inseparable alliance of Medicine with other sciences. For this great and useful lesson, not less than for their literary and professional interest, they deserve to be received with honour and thankfulness.

MORE than sixty years have now elapsed since the acute and philanthropic JENNER from his country retreat gave to humanity at large one of the most valuable bequests that man has hitherto bestowed upon his kind. "Cow-pox," said the great physician, "admits of being inoculated on the human frame with "the most perfect ease and safety, and is attended by the "singularly beneficial effect of rendering through life the "persons so inoculated perfectly secure from the infection of "small-pox." In spite of the disadvantages opposed to the forming of a correct judgment arising from obstinate scepticism upon the one hand, and credulous enthusiasm upon the other, all European Governments, and the vast majority of their educated subjects, have arrived at the conclusion that the gift of JENNER to mankind is to be accepted with all gratitude, since it is true in its spirit, if not in the actual letter by which it has been conveyed. And not European nations alone have thankfully acknowledged the gift, but the scruples of Hindoos and Chinese have given way to it, and American savages have sent their thanks to its author. Hence, in most States it has become, or soon will become, a legal obligation upon all parents, that they protect their offspring and the community at large from the ravages of small-pox, by having their children vaccinated within a certain period after birth. It could scarcely be expected, however, that some opposition should not continue against the theory of JENNER, and particularly against its forcible practical application. To many yet the truth of JENNER's statement is so extremely partial, and the practice of vaccination attended by so many drawbacks, that they question its advisability and trustworthiness. To another party, in which are combined the extremes both of ignorance and prejudice—in other words, to a great number of the poorer classes in certain districts—to propose to have their children vaccinated is to threaten them with half the "ills that flesh is heir to," and to oblige them to do anything they would not wish to have done, is regarded as a most despotic and unjustifiable interference. Unfortunately, neither party, as we conceive, will listen to reason. Of one class of objectors and opponents to vaccination this is scarcely more than might be expected; but of the persons who compose the other class we have a right to complain. They should know better than to refuse to look at the important subject under discussion in the same light in which they look at other questions. They know well enough that there are exceptions to all general laws, or, at least, such things as appear to us in our imperfect knowledge as exceptions. They know, too, that a general benefit is not to be attained without some occasional suffering or inconvenience to a limited number. To use a common saying, they "should not look a gift horse in the mouth" too closely, particularly when the animal is honestly capable of performing a very tolerable amount of work. But they refuse to view the matter in this light. They are exorbitant in their demands, deaf to argument, and blind to proof. Sometimes they pity all such deluded mortals as believe in JENNER's theory; at other times they get exasperated at finding it carried into practice. To such of the profession as have studied the polemics of the question the names of Dr. NITTINGER and Mr. GEORGE S. GIBBS are well known as those of determined active opponents. The Stuttgart physician has even composed "a prayer that GOD "might open the eyes of men to see that JENNER was a man "who had misled the world. Pardon is besought for him." Whilst our friend at Haughton-le-Skerne thus addresses the well known Surgeon of the Small-pox Hospital*—

"Our points of view are not the same. You regard vaccination *per se* in relation to small-pox as a matter of professional interest. I regard *the law* as a matter of political and social interest. I find an extensive and costly system established on the hypothesis that it operates to the benefit of the public health. I inquire, is the hypothesis verified by facts? I find my domestic life interfered with in a novel and disagreeable manner. I inquire, is it for good or evil? Such inquirers are denounced to the House of Commons by Mr. Cowper as lunatics, and by Mr. Lowe as actuated by a sordid and brutal prejudice. *Cela n'importe.* I inquire all the same."

We need scarcely say that the results of Mr. GIBBS' inquiries are, that the hypothesis is void of foundation in truth, and that the liberty of the subject is unwarrantably invaded. We foresaw that such must be Mr. GIBBS' conclusions, because he seemed bent on arriving at them.

Now what are the arguments brought forward by those who will condescend to give any, against the adoption of vaccination as preventive of small-pox? In the first place we are told that the being inoculated with the cow-pox virus does not necessarily and perfectly secure the inoculated person from variola. That persons take the latter after being vaccinated, and even die from it. Well, all this is admitted. We allow that small-pox is not *totally* under the control of vaccination, and cannot hope that by it the former is likely to be *extirpated*. We say this so far is to be admitted; but nothing further. On the contrary, we assert that *the great majority* of persons who are vaccinated really are freed by it from their chances of taking small-pox. That of the minority who pass through variola after vaccination, the majority again do so with far more safety than they would if unvaccinated. That from the remainder who die from small-pox after supposed vaccination a considerable number must be deducted as made up of those in whom the operation, though known to have been performed, has turned out imperfect *quoad* the production of genuine "vaccinia." Finally, that we have left then only a very small minority indeed of properly vaccinated persons who actually die afterwards from small-pox; a minority sufficient, no doubt, to show that the letter of JENNER's law is not universally true, but that the spirit of it certainly is. Now, what is this against vaccination? If vaccination cannot absolutely free us from small-pox, it can reduce its ravages comparatively to a minimum. Formerly, of persons taking variola, one in five or six died; while even of the inoculated, one in fifty fell a victim. CONDORCET, in recommending the adoption of vaccination in France, exclaimed, "La petite vérole nous décime!" In the Russian Empire it is said to have swept away two millions in a single year; whilst at Constantinople it proved fatal in many epidemics to one-half attacked by the disease. Even by those who did not die, what misfor-

* A Brief Statistical Answer to the Speech of the Right Hon. Robert Lowe, M.P., delivered in the House of Commons, on Compulsory Vaccination. pp. 19. *Darlington Times* Office.

tunes were inherited! From the records of the London Asylum for the Indigent Blind, we learn that three-fourths of the persons there relieved had lost their sight through the small-pox. Half the people that were to be met with fifty years ago were disfigured by small-pox. Well may Mr. MARSON reply to his correspondent at Haughton-le-Skerne—

"You would hardly, I suppose, if the law were in your hands, leave all persons to take small-pox in the natural way, and die as they do at 35 per cent.?.....You should see in this hospital, when small-pox is very prevalent in London, the terrible disfigurements, loss of sight, and loss of life it produces, and then set this against your list of almost imaginary evils."

What some of the imaginary evils are we shall indicate in an early number, now only adding that, according to Dr. NITTINGER, the whole thing is a satanic delusion, a device for the deterioration and destruction of the human race, an opposition to nature, a cruel superstition, and much besides that is bad!*

Medical Annotations.

"Ne quid nimis."

KLEPTOMANIA.

THERE is a popular belief that some of the criminal laws under which the poor are rigorously punished are susceptible of remarkable elasticity when the peccadilloes of the rich are brought under judgment, and that there is some truth in the old adage which declares that "one man may steal a horse where another dare not look over the hedge."

This unwholesome distrust is not likely to diminish if, in cases of criminal prosecutions where so-called respectable persons commit theft without sufficiently obvious motive for the act, they have their crime extenuated on the plea of kleptomania, as has recently occurred in several notable instances.

That there is a variety of monomania to which this term may be rightly applied is undeniable. But whether this ever occurs in the adult without coexistent physical conditions of a peculiar kind, or without being conjoined with other and more obvious signs of insanity, may be doubted. As a rule, we believe the evil habit to be the result of unchecked indulgence or of bad education; and that the best cure for the individual, and most certain means of deterring others, is to punish the offender according to the magnitude of the crime.

It is known to those who have the best means of obtaining information, that this itch for appropriation exists to an alarming extent, even amongst what is known as good society. Thus the London shopkeeper who deals largely in "portable property" of a very valuable kind has often to keep a private Argus constantly on the watch to gently suggest that the Comtesse de l'Arceny must really restore that bracelet which accidentally got into her ladyship's muff, or to inquire whether the bill shall be sent in for that bit of old lace slipped into her pocket in a fit of abstraction. Of course, if arrested, it would be proved that she had been in the habit of inflicting great grief on her family by the frequent recurrence of similar playful tricks—was, in fact, a kleptomaniac, and therefore to be let off; whereas when the inspector proves a dozen previous convictions against Mrs. William Sykes for shop-lifting, it is considered to show that she is an incorrigibly bad lot, and deserves a proportionally increased punishment.

Of course, the old argument would in the former case be urged, that the kleptomaniac is under an irresistible influence inducing the appropriation, with full knowledge of the risk and disgrace incurred if detected. This is simply untrue; for if the desire were uncontrollable and the dictates of reason disregarded, articles would be taken in full sight of the owners, and not, as is always the case, craftily purloined in the belief that the theft is unobserved. The ordinary defence as to the crime being evidently without motive is as much opposed to law as the previous argument is to logic. For the English law does not trouble itself in cases of larceny with the motive, believing that when the offence is committed, the motive *ex sane dire*. Thus Blackstone defines theft to be the felonious taking and carrying away of the personal goods of another, and drily remarks that the offence commenced "at the time that the laws of *meum* and *tuum* were established, whenever that was." And we doubt whether the most credulous of these exculpating latitudinarians would consider Bardolph as a kleptomaniac, though his crime was sufficiently motiveless when he "stole a lute case, bore it twelve leagues, and sold it for three halfpence," and was eventually hanged for only filching a "pax of low price."

Looking at it in the best light, this habit of appropriation is only a wholesome desire for possession carried to so morbid an extent that the selfish desire bears down all considerations of right and wrong. It is the individual application of

> "The good old rule,
> The well-known plan,
> That he shall take who has the power,
> And he shall keep who can,"—

which *régime*, as society found it intolerable, rendered laws of restraint necessary.

But it is not in theft alone that the evils which crop out from unchecked selfish impulses are seen. The libidinous old villain, who works more ruin in his wicked life than any dozen of those prisoners condemned for what the police reports delicately describe as "an attempt to, &c."—the man who rounds every sentence with a blasphemous oath, or who is such an habitual liar that he does not know when he speaks the truth—the confirmed drunkard, who, if well-to-do, is called a dipsomaniac,—all of these only evidence the dire results of unchecked indulgence, easily arrested, it may be, at the commencement of its career, but which, when once confirmed into a habit of life, can only be controlled by actual punishment, or by the dread of exposure and execration.

THE WOOLWICH ACADEMY.

THE Woolwich Academy seems to call for sanitary as well as moral reform. If the description of the administration of the institution drawn by "A Father" in *The Times* of the 11th instant may be trusted, we see abundant reason for revolt. The arrangements and discipline originally devised for boys from fourteen to seventeen years of age have, with true official routine, been continued in application to young men from eighteen to twenty-two. We are told that hardly any time is allowed for exercise or games; that the scholars are confined within very narrow bounds; that they enjoy no privacy of any kind, washing all together in public, sleeping four in a room, and going to bed in the dark at ten o'clock; and that the diet, more than plain, is of inferior quality. There is oblivion of physiology, both mental and physical, in this. The expanding bodily development and springing intellectual powers of the young man demand a widely different treatment. Even boys would suffer from the rigorous confinement enforced at Woolwich. But young men, who imperatively require free range for bodily exercise, and facility for considerable independent or spontaneous intellectual study, must needs be galled in spirit and injured in health by the ridiculous restrictions which have led to the outbreak. The time allowed for recreation is absurdly curtailed; and "exercise" in a small "playground" hardly deserves the name. It will be urged, no doubt, by officials of the martinet type that young men must be subjected to strict supervision. But it should be remembered that there are evils nurtured by excessive repression and seclusion, which are far more mischievous than the more open follies into which youths are sometimes tempted by being thrown upon the

* Die Ligue der Impfer in Englischen Blaubuch. Stuttgart, 1858.

world. The teachers in our medical schools enjoy great opportunities of observing the conduct of young men, and the influences to which they are subjected. Independently, then, of special professional aptitude for estimating the effects of undue confinement upon body and mind, we think no hospital physician could do otherwise than condemn the Woolwich Academy system. When it is considered that the victims of this system are gentlemen who have achieved the questionable privilege of admission by their eminence in competitive examinations, the plan adopted will appear all the more mischievous and unjustifiable. Considerable experience enables us to affirm, what common sense would indicate—namely, that young men who have thus by the continued exercise of industry and the cultivation of superior abilities earned distinction, bring unmistakable evidence of having acquired habits of self-control, and of being actuated by honourable motives, which entitle them to respect and confidence. The fostering of this spirit of self-reliance is, we think, a matter of far greater moment to men who are destined for the highest scientific departments of the military service than the assertion of the disciplinarian doctrines of persons whose rigid military training leads them to regard all soldiers, men or lads, as component parts of a machine.

SANITARY STATE OF PARIS.

THE President of the Society of Architects, in addressing the members of the Society at a recent meeting, gave a very satisfactory exposition of the relative progress made in sanitary reforms here and abroad. Travellers (he said) returning from Paris were, upon a superficial view of what was taking place there and in almost every town of France, disposed to find fault with the comparatively slow rate at which improvements were effected in London. Within ten years Paris had been, in fact, remodeled throughout, and broad streets, open squares, and fine houses had replaced the ancient, narrow, tortuous dens of filth and impurity. It was to be feared, however, that the real sanitary improvements of Paris had gained little by these changes; and, indeed, so long as the water supply and the sewerage there were conducted on the present systems, little effect could be produced on the infallible test of the value of the sanitary arrangements of a town—the average death-rate. He advised those who believed that "they manage all these things better in France" to visit the "in-take" of the Chaillot Waterworks, which was unpleasantly near the mouth of one of the great sewers, or to ponder over the charge he would have to pay, even in a private lodging, for the necessity of an Englishman's life—the daily hip-bath. Nor was this all, for the embellishments of the town had resolved themselves into heavy charges on its inhabitants, while the utility of many of the costly works now in hand seemed more than questionable. House-rents had risen to fabulous heights in Paris; the poor were driven from their old haunts, and no refuge was provided for them; while, unfortunately, the sanitary defects of the old houses were servilely reproduced in the new ones. The account here given reminds us of the pithy saying of one of our English sanitarians, who, on being introduced to the Emperor, and on being asked by his Majesty what he thought of Paris, answered without any ceremony, "Very fair above, and very foul beneath, Sire."

THE NATURAL HISTORY COLLECTION OF THE BRITISH MUSEUM.

PROFESSOR OWEN requires for the projected building for the natural history specimens of the British Museum no less than five acres of ground. The collections include the specimens in geology, botany, mineralogy, and zoology; and when we consider their extent, and the size of many of the specimens, we see that great as the demand appears at first sight, it is not one iota too much. But Professor Owen has another object: he wishes to make the collection the great national school for natural history. He is ambitious so to arrange, so to classify, and at the same time so to exhibit the specimens that the student may take in, as in a grand panoramic view, the past and present of the living earth.

The Times, in commenting on the Professor's scheme, gives us some idea of the magnitude of the plan:—"The elephant takes up no little room; but of the elephant there are many species, and each of them requires a representative. The elephant of Sumatra agrees with the elephant of Ceylon; and the elephant of Siam with that of India. The continental and insular species ought to be exhibited. The 'right' whale, which we are on the point of destroying, ought to be represented by a complete stuffed specimen; and the skeletons of we know not how many other whales ought to be preserved and exhibited. Then there are seven species of rhinoceros, not one of which is sufficiently typical to dispense with the exhibition of the others. The same thing may be said of the tapirs and seals; but this is by no means all. A complete gallery for the skeletons of extinct animals is demanded; another for birds, of 850 feet in length by 50 feet in width. Reptiles and shellfish must have their claims attended to; and insects, with their 150,000 species, may be thought to make up in number for any deficiency in size; though a Japanese crab, which measures twelve feet from claw to claw, shows that, even in point of size, the class *Articulata* are not wholly contemptible. The truth is that every year opens up new views of the connexion of what we know, and exhibits to us new fields of knowledge. In 1855 we knew but of 2000 species of mammalia; the number is now increased to 2500—that is, six years have added one-fifth to the experience of all preceding ages."

We only hope, for our parts, that the design may be carried out to its fullest extent, and that no silly idea of expenditure may stand in the way of an effort which, as an educational project, will rank first and foremost of all at present existing in the world.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE first meeting of this Society for the session was held on Tuesday evening. Two papers of unusual interest were read: one by Dr. Lee, "On the Discovery of the Obstetric Instruments of the Chamberlens; and the other by Dr. Harley, "Experiments on Slow Poisoning." There was a very large attendance of Fellows and visitors. Dr. Lee's paper cleared up some of the mysteries which have hitherto surrounded the discovery of the celebrated forceps of the Chamberlens at the old Manor House, near Maldon, some forty years since. Dr. Lee paid a visit to the house, and also to the tomb of Peter Chamberlen in the neighbouring churchyard. Well-executed paintings of the Manor House and the Chamberlen tomb were exhibited to the Society. Dr. Harley, in his paper, related a number of experiments which he had performed with the view of elucidating the difficult question of the appearances presented in cases of acute and chronic poisoning by arsenic. Considerable light was thrown on the subject by the proceedings adopted. Slow poisoning has hitherto received little or no attention from medical jurists, and the researches of Dr. Harley have opened up a new and important field in medical jurisprudence. A full report of the proceedings of the Society will be published in THE LANCET of next week.

THE LATE MR. PITTARD.

CASES calling for the benevolent aid of our brethren towards those who have been bereft by death of their only support are unfortunately not uncommon. Too many men in our profession are cut off, either by disease or overwork, in the very moment of apparent success, and before they have been enabled to provide for their dependants. Now and then a case appeals with more than ordinary force to our sympathies. Such a one is that of Mrs. Pittard and her large family. The particulars of this case have already been made public in our pages,

and it is unnecessary to repeat the melancholy details. Thanks to the generous interference of Professor Owen, it is now certain that a considerable sum will be raised for Mrs. Pittard. We heartily commend her case to the members of the profession, and should be most glad to receive any subscriptions on her behalf.

The following sums have been received up to the present time:—

Sir Daniel Cooper	£5	5	0
Professor Owen, F.R.C.S., F.R.S.	5	0	0
THE LANCET	5	5	0
John Simon, Esq., F.R.C.S., F.R.S.	10	10	0
William Bowman, Esq., F.R.C.S., F.R.S. ...	5	5	0
G. M. Humphry, M.D., F.R.C.S. (Cambridge)	3	3	0
Peter Allen, M.D., F.L.S. (Yealand Conyers)...	1	1	0
J. O. M'William, M.D., F.R.S.	1	1	0
Henry Smith, Esq., F.R.C.S.	1	1	0
Robert Barnes, M.D., F.R.C.P.	1	1	0
William Henry Brace, Esq., M.R.C.S. (Bath)...	1	1	0
Evan Thomas, Esq., M.R.C.S. (Manchester) ...	5	0	0
Arthur M. à Beckett, F.R.C.S.	1	1	0
W. B.	10	10	0

DRINKING FOUNTAINS.

THE Honorary Secretary of the Drinking Fountains Association urges the necessity of introducing the fountains into the eastern districts of the metropolis. The residents in these localities are so indigent as to be quite unable to supply this simple want. In many of the densely crowded houses of the poor in these districts there are no water tanks; consequently the inhabitants are forced to resort once in twenty-four hours to places in the streets where the water is made accessible for this purpose for short periods during each day. The supply thus obtained has to be kept in open vessels, exposed to the fetid atmosphere of their over-crowded and ill-ventilated dwellings. In a short time water under such circumstances ceases to become either a wholesome or refreshing beverage. But it is often as deficient in quantity as in quality, as the poor are frequently unable to procure enough during the intermittent supply for the consumption of the next twenty-four hours. The public drinking fountains afford a simple but complete remedy for this want, yielding a constantly flowing stream of pure water, free to all. They are resorted to not only by those who seek to quench their thirst on the spot, but to fill drinking vessels for consumption at home. The Drinking Fountains Association has free grants of water, sites, fountains of all sizes, and designs at the disposal of those who will be at the cost of erecting them, but not the means to carry out anything like an efficient system. The profession, who, by the researches recently conducted on water supply and disease, was first so deeply indebted to the late Dr. Snow, can appreciate the efforts of the Association to their fullest extent, and can look on a man who at his own expense brings a fresh spring of life into the dwellings of wretchedness as one who has raised a monument to himself, which, simple as it may be, is, unlike most monuments, useful in proportion as it is perpetual.

OPENING OF THE NATIONAL DENTAL HOSPITAL.

DENTAL SURGERY is making rapid progress in the metropolis. On Tuesday night the new Dental Hospital in Great Portland-street was inaugurated, Dr. Brady, M.P., in the chair. The attendance of London and country dentists was very numerous. In an able introductory address, the Chairman dwelt on the importance of the Institution, not only as a school of dentistry, but as a means of affording relief to the various poor persons who suffered from diseases of the teeth. A series of resolutions were unanimously passed, in which the meeting pledged itself to support by all means in its power the new Hospital. A late dinner afterwards took place, to which about fifty gentlemen were invited. The toasts were numerous and drunk with enthusiasm, particularly those which referred to Dr. Brady, Mr. Robinson, and Dr. Richardson.

SYPHILIS CONVEYED BY THE VACCINE LYMPH TO FORTY-SIX CHILDREN.

WE have received a polite letter from Dr. Pacchiotti, and the number for Oct. 15th, 1861, of the *Gaz. della Assoc. Med.* Both these refer to a very melancholy occurrence in the village of Rivolta, near Acqui, in the province of Alexandria (Piedmont), no less than forty-six children having more or less suffered from syphilis after vaccination. The facts connected with this unfortunate wholesale contamination are as follows.

Towards the latter end of May last, M. Cagiola, a surgeon, vaccinated Giovanni Chiabrera, aged eleven months, and in good health, with lymph obtained in a tube sent from Acqui. The operation was performed in the ordinary manner, and with, as M. Cagiola affirms, a very clean lancet. On the tenth day after this, forty-six children were vaccinated with the lymph contained in the vesicle of the child Chiabrera; and ten days after these latter operations, seventeen other children were vaccinated from the lymph of one of the forty-six infants just mentioned.

Hence we have sixty-three vaccinated children, forty-six of whom were more or less affected with syphilis within two months after the first operation. In the first series of forty-six vaccinations there were thirty-eight cases of syphilis, besides little Chiabrera, the child vaccinated with the lymph contained in the tube; and in the second series, comprising seventeen infants, seven were affected. The child Chiabrera was in a state of marasmus on the 7th of October, and the infant from whom the second series of seventeen had been vaccinated died a month after the operation.

These facts having come to the knowledge of the Medical Congress at Acqui, from statements made by Dr. Ponza, it was agreed that a committee, elected from amongst the members of the Congress, should proceed to Rivolta to inquire into these melancholy occurrences. From the able report of Dr. Pacchiotti we extract the following particulars.

The investigations of the committee were considerably aided by the unwearying exertions of Dr. de Katt, practising in the village. It has been found that of the forty-six children affected with syphilis, the cases of only twenty-three could be accurately noted, as the parents of the children neglected to call in medical aid at the proper time. These twenty-three cases were, however, sufficient to enable the committee to come to a clear diagnosis. In the whole forty-six cases, the symptoms of syphilis appeared, on an average, on the twentieth day after vaccination — viz., varying from ten days to two months. Sometimes the vaccine vesicle, just on the point of cicatrizing, inflamed, and became surrounded with a red, livid, and copper-coloured areola, and then spread and suppurated anew. At other times, when the cicatrix was complete, an ulcer would form upon it, the crusts of which would fall off and fresh ones be produced. With some children the vesicles looked bad from the first, and were accompanied by a general eruption, which the country people considered as small-pox, and the characters of which the medical men of the neighbourhood were not always able to ascertain. On the 7th ult. it was discovered that seven children had died without treatment, and before attention had been directed to this unfortunately fast-spreading contamination; three were in danger, and four-teen recovering, after having been subjected to a specific treatment. Thirty-eight at that period were under treatment, which consisted of frictions with mercurial ointment in the groins, axillæ, and on the limbs, with small doses of iodide of potassium in sarsaparilla syrup.

The principal symptoms noted by the committee were: mucous tubercles on the verge of the anus and genital organs; sores on the lips and fauces; swelling of the lymphatic glands in various regions; syphilitic eruptions of different kinds; loss of hair; secondary ulcerations of the prepuce; deep tubercles of the cellular tissue; gummy tumours, &c. Two children out of the twenty-three were in a wasting condition, and suffering from syphilitic cachexia; while some of the mothers had mucous tubercles on the nipples. In fact, the twenty-three cases are carefully related in the report, all the children having been seen by the members of the committee.

As to how the disease thus came to spread amongst these infants, the committee refrain from coming to a hasty conclusion, and ask for time to solve the mystery; the more so as these facts tend to no less than a complete upsetting of opinions hitherto held as very trustworthy. Thus the belief of two diseases not having the power of developing at the same time

upon the same individual falls to the ground, as well as the non-contagious nature of the secondary symptoms of syphilis.

Dr. Pacchiotti, the author of the report, indulges in commentaries on this sad case, and throws out, with extreme humility, various explanations, though trusting completely to none. He invites discussion and reflection on the phenomena which have been observed. Nor does he fail to record that such transmission has been before noticed. Dr. Parola has mentioned in his work "On Doctrines connected with Vaccination," a case, reported by Tassani, of Milan, in which a boy, whose father had at the time secondary sores on the scrotum, was vaccinated from a healthy child. From the vesicle of this boy fifty-six children were vaccinated; out of whom, thirty-five were, in a few months, syphilitic, and had diseased their mothers. On the other hand, it should be noted, that lymph from eight of these thirty-five syphilitic children was used to vaccinate a second series of thirty-four, and *none* of the latter showed any syphilitic symptoms. Another case (which was brought before courts of justice) runs thus:—In 1846, many revaccinations took place in the town of K——, where a surgeon revaccinated about ten families on account of an epidemic of small-pox; and the punctures, in three or four weeks, degenerated into syphilitic ulcers, followed soon afterwards by secondary eruptions. Hübner, in 1852, vaccinated thirteen children; of whom the greater part became syphilitic, though the rest escaped. Experiments have been undertaken by Pittou, Boucher, Ceccaldi, and Lecoq, which prove the transmission of syphilis through vaccination; whereas other experiments made by Schreier, Montain, Bidart, and Taupin show, on the other hand, that vaccine lymph obtained from a child, evidently labouring under hereditary syphilis, produced no evil effects upon those vaccinated with it. The reporter further alludes to an important thesis of M. Viennois, "On the Transmission of Syphilis by Vaccination;" and to the chapter on the same subject in the book of M. Rollet, of Lyons, entitled "Clinical and Experimental Researches on Syphilis."

From the facts related above, Dr. Pacchiotti deduces the following rules:—

1. Examine carefully the child from whom the lymph is taken.
2. Try to learn the state of the parents' health.
3. Choose, in obtaining the lymph, such children as have passed the fourth or fifth month, as hereditary syphilis, in general, appears before that age.
4. Do not use the lymph after the eighth day of the existence of the vesicle, as the lymph on the ninth and tenth days becomes dull by mixture with pus, which latter may be of an infectious nature.
5. In taking the lymph with the lancet, avoid hæmorrhage, as there is less danger with pure and transparent lymph.
6. Do not vaccinate too many children from the same supply.

Correspondence.

"Audi alteram partem."

A TOBACCO-PIPE IN THE NECK.

To the Editor of THE LANCET.

SIR,—The following case, which occurred in my practice, you may, perhaps, consider sufficiently interesting to claim the attention of some of your readers.

W. C——, aged forty-five, a labourer, whilst returning home on the night of the 23rd of September last, smoking a long clay pipe, fell forwards, causing the end of the pipe to penetrate the soft palate. He withdrew, as he thought, the whole of the pipe, and threw it away. The following morning he came to me, and on examination I found a small wound in the anterior part of the soft palate, a little to the left of the median line. I passed a probe into it, but could detect nothing. On the 1st of October he complained of pain and stiffness down the left side of the neck. On the 3rd, the neck began to swell. On the 6th, he experienced difficulty of breathing and swallowing; the swelling had increased considerably; the parotid, submaxillary, and cervical glands were much enlarged; and, on further examination, I found the tumefaction to extend down the left side of the spine as far as the last dorsal vertebra. This led me and my partner, Dr. Kelly, who kindly examined the case with me, to imagine that possibly some vessel had been ruptured and extravasation taken place. On the 10th, the swelling fluctuated in the neck, and an abscess was also discovered to be forming in the palate. On the 12th, both abscesses broke, the one in the neck discharging nearly a pint of highly-offensive pus. The point where this abscess broke was an inch behind and two inches below the left ear. On the 13th, on removing the dressing, a piece of pipe an inch long protruded from the wound, and another piece half an inch long I extracted from the wound. I passed a probe to the distance of three inches upwards, forwards, and inwards, into the sinus, beneath the sterno-mastoid muscle, down which the pipe had evidently passed. The man suffered from typhoid symptoms for some days. The difficulty of breathing and swallowing ceased when suppuration took place; the swelling in the back subsided on the application of stimulating lotions and afterwards pressure by means of soft pads; the discharge, which for ten days was very profuse, gradually decreased; and the man is now progressing satisfactorily: there is, however, still a sinus, which is slowly healing.

This case appears to me interesting from the peculiar course the pipe took, and the satisfactory result which followed, considering the important structures it must have passed through, and the great danger attending its passage.

I am, Sir, yours truly,

Newick, Sussex, Nov. 1861. JOHN H. FREER, M.R.C.S.

"A SYSTEM OF SURGERY."

To the Editor of THE LANCET.

SIR,—In a notice of the second volume of "A System of Surgery," of which I am the editor, contained in THE LANCET of the 2nd inst, I observe that the reviewer finds some fault with Mr. Birkett for not having more fully treated the subject of ruptured perinæum in his essay on Injuries of the Pelvis.

Will you allow me to explain, in justice to Mr. Birkett, that the treatment of ruptured perinæum, like the cognate subject of vesico-vaginal fistula, is intended to form a part of another essay, which will appear in a later volume, and that the misconstruction to which Mr. Birkett has been exposed arose from my having omitted to place at the end of his remarks on ruptured perinæum (on p. 514) the same reference as is added to those on vesico-vaginal and recto-vaginal fistula (p. 512), and which is as follows:—"The treatment of the results of this injury is described in the essay on Diseases of the Female Generative Organs."

I am, Sir, your obedient servant,

Queen-street, Mayfair, Nov. 1861. T. HOLMES.

ADMIRALTY DODGING.

To the Editor of THE LANCET.

SIR,—It will be in the recollection of your readers, that a circular was issued from the War-office in the early part of the year repealing that clause of the Medical Warrant of October, 1858, which gave surgeons seniority with majors, according to date of commission. That was followed soon afterwards by a circular from the Admiralty, amending in a similar manner the Warrant issued by Sir John Pakington.

Those acquainted with Admiralty administration under a Whig government, suspected at once that some other changes were contemplated, and that this amendment or alteration in the Warrant of 1859 boded further mischief to naval medical officers. Those suspicions have now, in part, been verified by a recent circular forbidding the most distinctive *emblem* of field officers' rank to be worn by any medical officer under the rank of staff surgeon. By an adroit manœuvre, worthy of a Whig Admiralty, the embroidered peak—worn by all naval surgeons since July, 1860—is now summarily taken from them, and their status lowered in the eyes of every officer and man in the service. The deprivation is greater than may at first sight appear, because the difficulty of obtaining continuous employment in the navy is so great that few officers, comparatively, ever reach the rank of staff-surgeon.

Any question about dress may appear ridiculous to men on shore, and rightly so, if we were permitted to wear plain clothes like the chaplains; but where dress is made compulsory, the deprivation of a distinguishing emblem implies a positive reduction of *naval* position, with all its unpleasant consequences—consequences which can only be appreciated by those who are made to experience them, but which, I can assure your youthful readers, are neither trifling nor unimportant.

I would, therefore, with your permission, caution the students of the day who may be looking forward to the navy, that so long as the supply equals the demand, so long will the profes-

sion be subject to these periodical insults from Whig Boards of Admiralty; and equally certain is it that a stoppage of the supply would oblige the War-office and Admiralty to redress present grievances, and to pay more respect in future to her Majesty's Warrants.

At my time of life and period of service, the grievances of which I speak fall lightly upon me. But in the interest of those who cannot appreciate them, and who might be entrapped, as I was, to enter an unprofitable service, and live as I have lived to repent it, pray let the warning voice be heard in your columns. I am, Sir, your obedient servant,

November, 1861. A NAVAL SURGEON.

ALBUMINOUS URINE.

To the Editor of THE LANCET.

SIR,—In examining albuminous urine I have observed a source of fallacy in the nitric acid and heat test which is new to me and very interesting, but which I have never seen noticed in works upon the subject. It is the prevention of coagulation by heat through the agency of nitric acid.

It is laid down as an axiom that urine clouded by heat indicates either albumen or phosphates. If the former, nitric acid increases the turbidity; if the latter, it clears it. By reversing the operation in urine highly charged with albumen, adding to a drachm of urine one drop of nitric acid, a precipitate falls, which after shaking is redissolved by heat. The solution on cooling forms a solid jelly, which I presume is gelatine. This, however, is not redissolved by heat. If excess of nitric acid is applied so as to precipitate all the albumen, the heat does not dissolve it.

The error of supposing urine containing albumen to be non-albuminous might be brought about thus. Supposing a test-tube, in which nitric acid had been largely applied, to be simply put aside, after emptying the contents, without washing, and taken for the next experiment by mistake for a clean tube, the urine on boiling will become clear, and thus deceive the operator into the impression that he was dealing with urine free from albumen.

I am, Sir, your obedient servant,

Lancaster, November, 1861. METCALFE JOHNSON, M.R.C.S.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

FEW, possibly none, of the more arduous callings in life can be exercised without a measure of wear and tear in the human machine. Civilization, by coercing into her service the less destructible elements of creation, stone, iron, and the like, has directly testified her knowledge of how limited are the capacities of the human organism, and her distrust of its unaided powers for the satisfaction of her requirements. In no way can the destructibility of the working material with which we men are provided be better seen than by a consideration of the special diseases or casualties which the exercise of particular professions entails upon their adepts. The statesman, clergyman, and lawyer have their special sore-throat, the doctor his dissecting-wound, the knifegrinder his phthisis, the painter his colic, the lucifer-match maker his necrosis, the chimney-sweeper his cancer; and so on through a long chapter of accidents, ending only, it would appear, with the last item on the catalogue of professions. In presence of this almost daily increase of morbific causes, it behoves medical science, as the sentinel of civilization, to be more than ever on the alert, and, crying "Qui vive!" to check the hurtful progress of such newcomers. Such is the object of a paper read at the Academy of Medicine last Tuesday by M. Delpech, one of the candidates for the vacant chair in the section of Medical Jurisprudence and Public Hygiene. Some few years back, this writer, in a communication to the Academy, first drew notice to the baneful effects produced by the sulphuret of carbon upon the workmen employed in the preparation of vulcanized indiarubber. The process termed "vulcanizing" is effected by the exposure of caoutchouc to the action of a mixture of sulphuret of carbon with chloride or bromide of sulphur; and, according to M. Delpech, the respiration of air charged with the vapour given off during the operation produces, in a large proportion of the workmen so engaged, symptoms not unlike those resulting from the inhalation of ether, chloroform, or other anæsthetic agent, with the difference that in the former case the effects are more gradually developed. The particular branch of the indiarubber manufacture whence the author has gleaned his most prominent facts is that in which the caoutchouc is blown into bags or bladders for medical and other purposes; and here he has divided the symptoms of intoxication (to use the word in its classical sense) into two stages. In the first are ranged headache, giddiness, cutaneous hyperæsthesia, with feelings of creeping or pricking, and muscular pains. A certain degree of excitement and agitation also is not uncommon, together with a tendency to laugh or cry without reason; and with these half-hysterical symptoms may coexist, sleeplessness, nightmare, and great irritability of temper, sometimes ending in confirmed mental alienation as a climax. In other cases the stimulus has affected the generative functions, as evinced by an increase of the venereal appetite; or the muscular system, in the way of spasm or stiffness; or, again, the digestive or respiratory organs, by the production of bulimy, nausea, cough, and oppression; and, lastly, the heart and circulation, in the way of fever and palpitation. In the second stage, the poison would seem almost exclusively to have impaired the functions of the nervous system, as exhibited by decline of the intellectual powers, melancholy, indifference, loss of memory, defective vision, deafness, and insensibility of the skin, together with loss of sexual power, atrophy of the seminal glands, general muscular debility, going on to paraplegia, wasting, and cachexia. By means of experiments on animals, M. Delpech has ascertained that rabbits, for example, although easily affected by the vapours of the vulcanizing mixture or by those of the sulphuret of carbon alone, passed several days with impunity in an atmosphere charged with chloride of sulphur; and he therefore argues, with much apparent fairness, that the former ingredient alone is responsible for the baneful effects resulting from the process. By way of practical deduction, he infers that if the work-people could be so placed, when manipulating those poisonous materials, that a glass screen should intervene between them and the caoutchouc under preparation, their arms being passed through apertures properly stuffed in order to prevent the entry of vapour, much benefit would accrue, in a hygienic point of view, to the *employés* in this branch of trade.

M. Mathieu exhibited at the same meeting the model of a new whalebone bougie for the dilatation of the urethra. This instrument, due to Dr. Demarquay, of the Maison Municipale, terminates in a spiral extremity, something like the ramrod of a gun (before the invention of breech-loaders). Singular approximation this of two extremes!—the use of the corkscrew as a corrective of its abuse—almost *similia similibus*.

In a paper on Contractile Tissues, read by M. Ronget at the Academy of Sciences a few days back, when speaking of the properties of the fibrillæ the following passage occurs:—"The fibrillæ, the sole essential elements of contractile tissues, are characterized by their resistance to the prolonged action of weak acids. They refract light powerfully, and with polarized light give rise to the phenomenon of double refraction. They are especially characterized by their granular aspect—an appearance due in all probability to very delicate wavings of their surface. These wavy appearances are inseparable from the constitution of the muscular element, and exist under all circumstances. The transverse strim of striped muscle are also due to permanent wavings of the bundles of fibrillæ. In a work published in the 'Memoirs of the Academy of Vienna,' M. Edward Brücke remarked that the muscular bundles, when viewed by transmitted coloured polarized light, presented bands in which the general colour was modified, alternating with other bands participating in the general tone, the one and the other variety exactly coinciding with the bright and dark transverse stripes. Hence he inferred that the muscular bundles were formed by superposed discs of alternating quality, the one endowed with, the other being without, the double refractive property. My own observations on the structure of the contractile element being in direct opposition to this opinion, I have been led to investigate the subject very carefully, and I now believe that the muscular substance is not of itself possessed of the double refractive power, and that the phenomena referred to by M. Brücke result simply from the form of the surfaces, and of the anatomical elements of these tissues."

The Paris medical journals announce with some pride that Sir Charles Locock had made a donation of 100 francs to the funds of the General Medical Association of France.

As some encouragement to those about to start for the coast

of Africa, I must mention that the *Aridge* steam transport arrived late last week at Toulon from the French commercial stations on the lower part of the coast. She brings back 157 passengers, of whom 84 are sick or convalescent.

Paris, Nov. 12th, 1861.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 12th inst.:—

*Ballenden, John Henry Moffat, Sedgley, near Dudley.
Carson, Alexander Tertius, Coleraine.
Clarke, Alexander Carson, Coleraine, co. Londonderry.
*Clay, Arthur Hamley, Stamford.
Cocks, Cambridge Cary, Ross, Herefordshire.
Davey, James Samuel Engledue, Bristol.
*Dawson, Richard Henry, Broxholme, Lincolnshire.
Dumaine, Louis Ernest, Port of Spain, Trinidad, W.I.
Forte, Augustus Carmichael, Demerara, W.I.
*Gardner, Edward Barton, Montague-street, Russell-square.
Jordan, Myles Joseph, Castlebar, co. Mayo.
Lathbury, Thomas Arthur, Birmingham.
Marshall, Walter Thomas, Birmingham.
Nutt, Horace, Cold Overton, Leicestershire.
Prickett, George Benwell, Oxford.
Ronce, Lewis Bisdon Heysett, Torrington, Devon.
Spedding, William Alexander, Glastry, Kirkcubbin, co. Down.
*Tanner, Richard Canning, Painswick, Gloucestershire.
Tomkins, Charles Payne, Cork.
Will, Alexander, Melbourne, Australia.
Williams, Edward Humphrey, Carnarvon.
Wilson, James, Birmingham.

Those gentlemen with an * prefixed to their names, are also Licentiates of the Society of Apothecaries.

At the same meeting of the Court, DANIEL O'CONNOR, of the Royal Naval Hospital, passed his examination as Naval Surgeon. This gentleman had previously been admitted a Member of the College, his diploma bearing date July 4, 1856.

The following gentlemen were admitted Members on the 13th inst.:—

Anderson, John, Manchester.
Cocker, William Henry, Blackpool, Lancashire.
Colston, Samuel Bowden, Brixham, Devon.
Dyte, David Hyman, London.
Fryer, John, Newbiggin, Bishopdale, Yorkshire.
Gedney, John, Hull.
Gwynn, Edmund, Caterham, Surrey.
Haslam, George Herbert, Market-Drayton, Shropshire.
Hedley, Edward Anthony, Felton, Northumberland.
Jones, John Lloyd, Treborth, near Bangor.
Lee, Herbert Grove, Thame, Oxfordshire.
Miller, Richard May, B.A. Lond., Barnstaple, Devon.
Moore, Edwin, York.
Nickols, Thomas, Leeds.
Okell, George, Nantwich, Cheshire.
Passmore, Thomas Henry, Instow, North Devon.
Rowe, Thomas Henry, Haverfordwest.
Rudge, John Edmund, Westbourne-grove, Bayswater.
Smart, Bath Charles, Balsham, Cambridgeshire.
Somerville, James Harmar, Bloxwich, Staffordshire.
Strother, Arthur, Forest-gate, Essex.
Williamson, Henry George, M.D. Edin., Nantwich, Cheshire.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 7th inst.:—

Barham, Herbert Fred. Henry, Maidstone.
Barker, Robert Arnold, Barton-street, Burton-crescent.
Croft, Thomas Hardman Wilson, Snitterfield, Stratford-on-Avon.
Mortimer, William, Kewellwell, Pembrokeshire.
Sutton, Charles Frederick, Wragby, Lincolnshire.

The following gentleman also on the same day passed his first examination:—

Booth, Frederick William, Ashmond Lees, near Manchester.

THE LATE FATAL AFFRAY IN NORTHUMBERLAND-STREET.—Major Murray has, it is stated, perfectly recovered. It will be remembered that after being shot in the neck he was removed to the Charing-cross Hospital, where Mr. Edwin Canton extracted the bullet. The convalescence of Major Murray has been retarded by an exfoliation from that part of the spine against which the ball struck. At length the piece of bone has been extracted by Mr. Canton, and a complete cure effected.

STEVENS'S HOSPITAL, DUBLIN. — Henry T. Cusack, Esq., Abbeyville House, has presented the above institution with dies for medals for students, and has generously undertaken to place a permanent endowment at the disposal of the governors, to enable them to give one silver and two bronze medals annually for ever to the most deserving pupils of the hospital, in commemoration of his late lamented father, Dr. Cusack, whose name was so long identified with the hospital.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—The first meeting of the session 1861-62 takes place this evening (Saturday), when Mr. Phipson, C.E., will read a paper "On Dr. Van Hecke's System of Warming and Ventilation."

UNIVERSITY INTELLIGENCE.—OXFORD, Nov. 7th.—In a Convocation holden this morning at ten o'clock, Dr. Rolleston of Pembroke College, Mr. B. C. Brodie and Mr. H. J. C. Smith of Balliol College, were approved as examiners in the first medical examination.

CAMBRIDGE, Nov. 11th.—Intelligence has been received in the University of the decease of the Rev. James Cumming, M.A., Professor of Chemistry, who died at his living of North Runcton, in Norfolk, on Sunday last, in the eighty-fifth year of his age. The deceased was the senior professor of the University, having been elected to the office in 1815. He was entered at Trinity College in 1797, and took his degree in the first year of the present century. In due course he was elected to a fellowship, and succeeded to the rectory of North Runcton more than forty years ago; but he resided much in the University, where he was greatly esteemed; and his lectures were regularly delivered, and the duties of his office discharged, up to the year preceding his death.

UNIVERSITY OF LONDON. — The examination for the degree of Doctor of Medicine in this University is appointed to commence on Monday, the 25th instant, and will extend over four days. The candidates will be examined in Logic and Moral Philosophy, Medicine, with reports on actual cases, and commentaries, by *viva voce* interrogation.

QUEEN'S COLLEGE, CORK.—The following Scholarships have been awarded:—Therapeutics and Pathology, to Stephen O'Sullivan; Anatomy and Practical Anatomy, to Jas. Swanton. Medical Scholarship, to James Barry, Ferdinand Albert Purcell, James Foley, Henry Cook. First Year's Arts Science, to Stephen Bergin. And Prizes to John Ambrose, in Chemistry; Joseph Egan, in First Year's Arts Science; Fred. H. Dunbar, William Haynes, Joseph O'Kelly, in Therapeutics and Pathology; Daniel Donovan, in Anatomy and Practical Anatomy; Nicholas Grattan, in Third Year's Medical Subjects; James Kelly, Humphrey Gillespie, Albert Clapp, in Second Year's Medical Subjects.

ENLARGEMENT OF KING'S COLLEGE HOSPITAL. — On Wednesday, by direction of the governors of King's College Hospital, that portion of the old building at the angle adjoining Carey-street and Portugal-street was sold by auction, its removal being decided upon in order to erect on its site another wing to the new structure. This has recently been completed, and is constructed upon the most approved sanitary principles with a view to the health of the inmates; and for some time past patients have been admitted into the various wards. It has, however, been found that, notwithstanding the extended accommodation, owing to the increasing applications for admission, the further enlargement of the structure is absolutely necessary.

DEATH OF GEOFFROY ST. HILAIRE.—This great naturalist died on the 10th instant, at the age of fifty-six. Isidore Geoffroy St. Hilaire was a member of the Academy of Sciences, Honorary Inspector-General of Public Instruction, Professor at the Museum of Natural History, Professor of Zoology at the Faculty of Sciences, and member of the Academy of Medicine. By his exertions the zoological gardens, lately established at the Bois de Boulogne, were founded. The deceased *savant* was the son of Etienne Geoffroy St. Hilaire, whose fame he has worthily continued; he was born at Paris, at the Jardin des Plantes, on the 16th of December, 1805.

MEDICAL VACANCIES.

THERE is a vacancy in the surgical staff of the Great Northern Hospital, in consequence of the resignation of Mr. T. Smith.

A vacancy for a Surgeon to the Islington Dispensary has arisen by the resignation of Mr. Francis Mason.

A Resident Dispenser and Assistant is required for the Western General Dispensary.

There is a vacancy for a Medical Officer in the Parish of Dawlish, in the Newton-Abbot Union.

A Matron is wanted for the General Infirmary, Northampton.

The office of House-Surgeon and Apothecary to the Lincoln County Hospital is now vacant.

There is a vacancy for a Poor-law Medical Officer for the North Wingfield District, in the Chesterfield Union.

A Poor-law Medical Officer is wanted for the District of Southminster, in the Maldon Union, Essex.

There is a vacancy for a Poor-law Medical Officer for District No. 3 of the Maidstone Union.

A vacancy has occurred for a Poor-law Medical Officer for District No. 4 of the Honiton Union, Devonshire.

MEDICAL APPOINTMENTS.

MR. POLAND has been appointed Surgeon; Mr. Durham, Assistant-Surgeon; Mr. France, Consulting Ophthalmic Surgeon; Mr. Poland, Ophthalmic Surgeon; and Mr. Bader, Assistant Ophthalmic Surgeon, to Guy's Hospital.

Mr. James Neale Earle, of Brunswick-street, Dover-road, one of the District Surgeons of the Royal South London Dispensary, has been elected Surgeon to that institution, vice Mr. C. W. C. Otway, resigned.

Mr. Charles Arthur Patten has been appointed Assistant-Surgeon to her Majesty's Convict Prison, at Portsmouth, vice Dr. William Ward Leadam, resigned.

Dr. Thomas Waugh Belcher has been elected Physician-Extraordinary to the Cork Fever and Cholera Hospital.

Mr. Edmund Strickland has been elected Resident House-Surgeon to the Halifax Infirmary, vice Mr. John Earle, resigned.

Mr. William John Lomax, House-Surgeon to the Lincoln Dispensary, has been appointed Honorary Local Secretary and Treasurer to the Royal Medical Benevolent College.

Dr. William Carte, Physician and Surgeon to the Royal Hospital, Kilmainham, has been appointed by their Excellencies the Lords Justices a Member of the Medical Classics Board, in the room of Mr. S. G. Wilmot, resigned.

Dr. John Westbrook Maltby has been elected Physician to the Durham County Hospital, in the room of Dr. Thomas L. Watkin, resigned.

Mr. Richard Farncombe has been elected Medical Officer for the District comprising Balsall-heath, Mosely, and part of the Parish of King's Norton, in the King's Norton Union, Worcestershire, vacant by the resignation of Mr. Edmund Robinson, on being appointed Resident Medical Officer to the Birmingham Workhouse.

Mr. Michael Scanlon has been elected Apothecary for the North Dispensary District, Cork, vice Mr. F. Hughes, resigned.

Dr. John Dominic Corrigan has been elected President, and Dr. Aquilla Smith, Vice-President, of the King and Queen's College of Physicians in Ireland, for the ensuing year.

Dr. John Denham has been elected Master of the Lying-in Hospital, Rutland-square, Dublin, vice Dr. Alfred H. M'Clintock, whose period of office has expired; and Dr. Robert Adams has been appointed Consulting Surgeon, in the room of the late Dr. Cusack.

Dr. Henry Marshall, of the Mall, Clifton, has been appointed Surgeon to the Bristol General Hospital, in the room of Dr. James Godfrey, deceased.

MILITARY MEDICAL INTELLIGENCE.

Royal Regiment of Horse Guards: Surg. Cosmo Gordon Logie, M.D., having completed twenty years' full-pay service, to be Surg.-Major, under the provisions of the Royal Warrant of the 1st of October, 1858. Royal Artillery: Staff Assist.-Surg. William Creagh, to be Assist.-Surg., vice Albert Hawkins, placed upon half-pay. 15th Regt. of Foot: Staff-Surg. Robert Thos. Buckle, M.D., to be Surg., vice Edward William Bawtree, M.D., whose appointment which appeared in the *Gazette* of the 6th September, 1861, has been cancelled. 1st West India Regiment: Staff-Surg. Edward Arthur Brien, to be Surg., vice Curtiss Martin, whose appointment which appeared in the *Gazette* of the 6th August, 1861, has been cancelled. 2nd West India Regiment: Staff-Surgeon Waldegrave Rock Thompson, M.D., to be Surg., vice Patrick Andrew M'Dermott, whose appointment which appeared in the *Gazette* of the 18th June, 1861, has been cancelled.

Births, Marriages, and Deaths.

BIRTHS.

On the 24th ult., at Berwick-upon-Tweed, the wife of Philip W. Maclagan, M.D., of a son.

On the 29th ult., at Pump-street, Derry, the wife of William Miller, M.B., of a son.

On the 1st inst., at Antrim, the wife of Andrew Spearing, M.D., of a daughter.

On the 3rd inst., at High-cross, Tottenham, the wife of Edward Hooper May, M.D., of a son.

On the 9th inst., at Belmont, Shrewsbury, the wife of Edward Burd, M.D., of a son.

MARRIAGES.

On the 10th ult., at the Parish Church, Grinton, Robert Luther Bayley, Esq., M.R.C.S., of Reeth, Yorkshire, only son of the Rev. R. L. Bayley, F.S.A., Founder of the People's College, Sheffield, to Elizabeth Ann Reeve Andrews, late of Bardfield, Essex.

On the 29th ult., at Glasgow, Patrick Richard Reid, M.D., youngest son of John Hamilton Reid, Esq., of Killarney-hill, Bray, Co. Wicklow, to Wilhelmina Campbell, youngest daughter of the late Robt. Knox, Esq., of Greenock.

On the 30th ult., Richard James Magee, Esq., Assistant-Surgeon Kilkenny Fusiliers, third son of the late Dr. Magee, of Dublin, to Maria Elizabeth, daughter of the late James Cogan, Esq.

On the 5th inst., at Pallas Church, Co. Limerick, Ireland, Charles Frederick Augustus Courtney, Esq., Surgeon R.N., to Charlotte Townley Stackpoole, fourth daughter of William Gabbett, Esq., of Mount Minnett.

On the 6th inst., at All Saints, Knightsbridge, Thomas Mayo, M.D., President of the Royal College of Physicians, to Susan Mary, widow of Rear-Admiral Sir William Symonds, and youngest daughter of the late Rev. John Briggs, Fellow of Eton College.

DEATHS.

On the 14th of Sept., at Mhow, Central India, George Parsons Wall, Assist.-Surgeon of the 64th Regiment, son of the Rev. Dr. Wall, Chapiain of the Royal Chapel of St. Matthew, Ringsend.

On the 31st ult., at Barna, Ireland, Dr. Philip Ormsby, of Tuam, and lately Resident Physician of the Arran Dispensary.

On the 31st ult., at Woolwich, Oliver Evans, M.D., R.M., Inspector-General of Hospitals and Fleets.

On the 3rd inst., at Berwick-upon-Tweed, Susannah Ramsay, fourth daughter of Philip W. Maclagan, M.D., aged 7.

On the 7th inst., at Wimpole-street, Rosetta, the wife of Ernest Hart, Esq., M.R.C.S.

Medical Diary of the Week.

MONDAY, Nov. 18
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Dr. F. W. Mackenzie, "On the Pathology and Treatment of Phlegmasia Dolens."

TUESDAY, Nov. 19
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ETHNOLOGICAL SOCIETY.—8 P.M. Dr. Jas. Hunt, "Report of the Ethnological Papers read at the Meeting of the British Association at Manchester."—Mr. John Crawfurd, "On the Connexion between Ethnology and Physical Geography."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, Nov. 20
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, Nov. 21
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- CHEMICAL SOCIETY.—8 P.M. Dr. Thudichum, "On Leucic Acid."—Dr. Bence Jones, "On Crystallized Phosphate of Lime in Urine."—Dr. Oppenheim, "On the Camphor of Peppermint."
- HARVEIAN SOCIETY. — 8 P.M. Mr. Ballard, "On the Convulsive Affections of Children."

FRIDAY, Nov. 22
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC. — 4 P.M. Dr. Ramskill, "On the Action of Remedies for Epilepsy and Paralysis."

SATURDAY, Nov. 23
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- GUY'S HOSPITAL PHYSICAL SOCIETY.—7 P.M. Mr. Lamb, "On Rheumatism."

To Correspondents.

La Santé.—There can be no room for doubt that a gas-stove must be unhealthy, unless a chimney be provided to carry off the products of combustion. Such a vent is not one iota less necessary in arrangements for warming by gas than it is in the cases of burning wood or coal. It is a mischievous delusion and fallacy to suppose that any contrivance for mitigating the influence of noxious vapours generated by burning gas, short of giving them free escape, can be safe or effective. We cannot believe that a vessel of hot water placed in any position in relation to the stove can obviate the most serious sources of danger.

A Surgeon at Fault.—Until some alteration is made in the Medical Act, there can be no remedy for such an abuse. The facts stated in the communication to us should be forwarded to our correspondent's representative in Parliament, with an urgent request that he would advocate such a change in the recent Act as would meet the requirements of the case.

THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—The writer of a letter, signed "A Medical Anti-Epiphyte," has, I think, rendered good service by forwarding for publication the correspondence, contained in your journal of last week, between himself and Mr. Thomas Mann, chief clerk at Somerset House, respecting certificates of death. That functionary, in his reply, says, "Although a registrar would not be *justified* in *knowingly* accepting certificates of the cause of death from *unqualified* medical practitioners," &c.

Now, the question resolves itself into a very narrow compass. In the instructions annually (I believe) issued from Somerset House, is there contained in the same a general order to registrars of deaths not to receive the certificates of otherwise than *registered* medical practitioners? Duly *qualified* medical practitioners, in accordance with the 34th section of the Medical Act, *means* a person registered.

The Medical Act is, indeed, a dead letter if one of its three saving clauses is not enforced. To speak plain English, a breach of the law is connived at if the authorities at Somerset House disregard the 37th section of the Act.

It may be asked how, without a Medical Register, the registrars of deaths would be enabled to carry out any injunction on this question? The reply to which can only be, that they should be supplied by the Registrar-General with the Medical Register for the time being.

Trusting that you, Sir, may be induced to offer some remarks on what appears to me to be a really important question,

I remain yours, &c.,

November, 1861. SCRUTATOR.

A Fellow of the Obstetrical Society should have expressed his sentiments at the time. We cannot place his views upon record, as it was his duty, if he felt so warmly on the subject, to have given them the authority of his name and influence in a public Society. In the Society to which he belongs, freedom of discussion is a prominent element. If he neglects the privilege which he possesses, he must not expect us to assist him in anonymous attacks, however just he may believe them to be. There is no cowardice more to be reprobated than that which shields itself under the protection of an anonymous signature, and this is particularly the case when a writer has had a full opportunity of expressing his opinions in a manly and straightforward way. We do not now complain of the matter of our correspondent's criticism, but of the manner in which he seeks to make it public. The independent press is always ready to throw its ægis over a correspondent when the circumstances may require it; but this is not a case calling for any such interference.

PHYSIOLOGY OF THE HOT (AIR) BATH.

To the Editor of THE LANCET.

SIR,—I must ask space to reply shortly to Mr. E. W. Pollard, who appears, from your journal of the 9th instant, to have perused without due care the last portion of my paper on the Hot Bath.

1. Nowhere do I mention in that paper that the pulse was raised from 60 to 100 in one minute, as thought by Mr. Pollard to be there stated.

2. Mr. Pollard concludes that my arguments are founded upon the experiments of others rather than upon my own. This can only be because he has not read the preceding portions of the paper, to which I therefore refer him to learn.

3. That my arguments with regard to the hot-water bath *are* founded upon *my own experiments*, which are, I believe, the first of the kind on record, and which I made to disprove or corroborate the theories and statements of Marshall Hall upon the subject.

4. The experiments relative to the effects of hot air were only alluded to in the last paper because they so nearly resembled in their action, physiologically speaking, the influence of the hot-water bath, and their relation helped therefore to render more complete the investigation of the matter in hand.

It does not appear, however, that Mr. E. W. Pollard was cognizant of the experiments alluded to, of Fordyce, Banks, Solander, Blagden, and others, and he is at "a loss to conceive" how they found the pulse to be accelerated 140 and 145, which *was repeatedly the case in their experiments*. This seems a little curious, as Mr. Pollard says in his letter, "I have now had *many months' experience* in the hot-air bath.

Have the Messrs. Pollard published their observations upon the effects of the hot-air bath? for Mr. E. W. Pollard says in his letter, "We have not been content to record merely our own observations, but," &c. Where, if such be the case, are the experiments recorded?

Lastly, Mr. Pollard says that he has invited me to test the matter for myself at the Brompton Turkish or Hot-air Baths. I have done so; and as the matter is thus made public by Mr. Pollard, I feel called upon to give the result of my observations, which I shall do as soon as I conveniently can. At present I can, however, do no more than testify to the courtesy of the Messrs. Pollard, and to the complete, elegant, and satisfactory way in which the bath-rooms are got up. But with regard to the main point—the *physiological action* of the hot-air bath upon the system—I must state:

1. That the rapidity and force of the cardiac circulation were augmented (to and above 100 pulsations a minute).

2. That the respiration was not so considerably affected.

3. That as far therefore as this one experiment in hot air with inhalation goes, it is in accordance with the results of Blagden and others, and only confirms me in the conclusions I had arrived at, and related at page 417 of THE LANCET.

I remain, Sir, yours, &c.,

Wilton-place, November, 1861. CHAS. HUNTER, M.R.C.S.

A Sussex Astronomer.—If our correspondent will refer to the *Athenæum* of November 2nd, he will find that our opinion of the brilliant double star lately observed in the medical firmament is shared in by others. The well-known analyzing powers of the Wellington-street Telescope, however, have satisfactorily re-solved—as "Astronomer" says—the illusion.

A Victim should have asked the fee of the corn extractor before he permitted him to *operate*. The subject would not interest the profession.

DRESS OF VOLUNTEER SURGEONS.

To the Editor of THE LANCET.

SIR,—In your number for October 19th is a letter from "An Army Surgeon," in which the following occurs:—"N.B. For the information of *volunteer* surgeons, it may be stated that those of the Royal Army in rifle regiments wear a chaco, *not a cocked hat.*"

For the information of "An Army Surgeon," I beg to refer him to page 111 of the Dress Regulations of the Army, London, 1861, where he will find that the medical officers of rifle regiments are to wear a "a cocked hat and black feather." Where, in volunteer corps, no chaco is worn, of course it is common for the surgeon to wear a forage cap like the other officers.

I am, Sir, yours obediently,

November, 1861. A VOLUNTEER SURGEON.

C. B., (North Britain.)—If we may judge from a statement in the November number of the "Pharmaceutical Transactions," *podophyllin* is now coming into almost daily use. It has been found to act well as an aperient, and has even been suggested as a substitute for mercury as a cholagogue purgative. The dose is from one to three grains when administered singly, and a quarter or half a grain in combination with other cathartics.

Malvern.—We do not republish articles which have appeared in other journals.

INFLAMMATION OF THE OVARIES RESULTING FROM GONORRHŒA.

To the Editor of THE LANCET.

SIR,—In your impression of the 9th instant, "M.D." desires to know where he can find an account of the ovaries becoming affected with inflammation and enlargement (similar to orchitis), the result of gonorrhœa. Your correspondent will find some account of this affection at page 137 of Dr. Egan's valuable work on Syphilitic Diseases, published by Mr. Churchill in 1853.

I am, Sir, your obedient servant,

Woolwich, November, 1861. W. H. C.

Student.—Yes, it is quite correct. For an hour after what has appeared death in cholera the spontaneous contraction of the muscles has been several times witnessed. Very recently a New Orleans physician (Dr. Dowler), in some observations upon yellow fever and cholera, stated that a man who had died from cholera, in from three to five minutes after death, suddenly closed his left hand so firmly that it could not be opened without difficulty. Soon afterwards the right hand was violently contracted as the left had previously been. It is probable that for some hours before death the patient could not by a voluntary effort have closed the fingers more closely than they were contracted after death.

Dr. A. Smith.—The subject shall be noticed.

Veterinarian will find an instructive case of "Abscess in the Brain of a Horse" detailed in the current number of the *Edinburgh Veterinary Review*.

THE RIGHTS OF KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND.

To the Editor of THE LANCET.

SIR,—I did not think I should have to intrude again on your valuable space. The present is, however, the last letter I shall ask you to insert upon this subject.

"A Physician," in reply to the queries contained in my first letter, starts with the assertion, that the Fellows and Licentiates of the King and Queen's College of Physicians in Ireland, as such, can legally claim the title of Doctor of Physic or M.D., and that the present Attorney-General for England, as also the late for Ireland, have given their opinions in favour of such right; and "A Physician," in his second letter, instead of informing me where I could find this favourable opinion of the English Attorney-General, or giving any clause from the Charter or Acts of Parliament conferring upon the Licentiates the title he asserts it does, ignores the first, and refers me to the Charter for the second. Having at considerable trouble attentively gone over the Charter, dated December 18th, 1692, (which is deposited in the Irish Chancery,) and also the various Acts of Parliament relating to this College, I here positively assert that neither the Charter nor any of the Acts, nor the whole combined, *confer* on the Fellows or Licentiates the style, title, or degree of Doctor of Physic; nor had they, unless holding a degree from some University, any legal right to attach M.D. to their names or signatures. Having taken this trouble, I now challenge "A Physician" to publish, if he can, in your impartial pages, the clause or clauses, either in the Charter or the Acts of Parliament, giving to King and Queen's College, Ireland, the power of conferring the Doctorate upon its Licentiates. Indeed, he will find when he consults the Charter "that this College was not *intended* to have, and have not lawfully, the power of *creating* physicians or apothecaries, but merely of ascertaining that persons practising in those capacities in *Ireland, and not elsewhere*, were sufficiently skilled in their profession to prevent injury to the public health."—(Letter of "Delta," *British Medical Journal*, April 27th.)

It is usual by courtesy to call the Licentiate of a College of Physicians a Doctor, and to address him as such, and none I believe would refuse him this courtesy; but it is the arrogant claim made by the King and Queen's College, Ireland, to it as a right that has produced this opposition on the part of the medical profession.

Your obedient servant,

November, 1861. MEDICUS.

A. B. C.—Without at present expressing any opinion on the points at issue, we may state that we are credibly informed that the defendant intends to justify his conduct. We are fully acquainted with all the circumstances of the case.

A Student, (Charing-cross.)—The paragraph relative to the surgical treatment of Major Murray appears in another column.

Mr. Nourse's paper is declined. We do not publish "circulars" in THE LANCET.

PREPARATION OF ALBUMEN.

To the Editor of THE LANCET.

SIR,—I am not aware of the purpose to which your correspondent, Mr. Jackson, intends applying albumen; but I offer him the following process as a simple one for drying it:—

1. Separate the white of as many fresh eggs as may be thought necessary, add one-half the measure of distilled water, *stir* well (do not switch or shake) until the albumen is dissolved, and strain through muslin.

2. Pour the strained liquid over one or more earthenware dishes, so as to form a thin layer, and place them in a current of air, such as near an open door or window, until dry or nearly so. If not entirely dry, cut it with a knife into diamond-shaped pieces (like jujubes), and raise them from the dish, allowing them after doing so to remain until perfectly dry. If completely dry, the albumen will require to be *scraped* off with a knife.

3. Being dried, it may then be placed in a warm mortar, and pulverized and sifted to an impalpable powder. It must be kept in a close bottle, and dissolved in distilled water or other menstrua when required for use. It is best to put it in steep over night.

I have thus prepared albumen for my own use for years, and I have some in my possession at present which was prepared about seven years ago, which is as good as the day it was made.

I am, Sir, your obedient servant,

Liverpool, November, 1861. THOS. SKINNER, M.D.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. M'William; Dr. Turnbull; Rev. J. A. Emerton, Hanwell; Mr. Ellis; Dr. Knox; Dr. Gairdner, Edinburgh; Mr. Browning; Mr. Wm. Gayton; Mr. Robt. Harper, Holbeach; Mr. Simpson; Mr. Earle, Winchester; Messrs. Letts, Son, and Co.; Mr. K. Hill, (with enclosure;) Mr. C. Hall, Carlisle, (with enclosure;) Dr. Pyle, Ryhope; Messrs. H. French and Son; Mr. J. Hutchinson; Mr. W. H. Smith, Dublin, (with enclosure;) Mr. W. M. Atkinson; Mr. Kitching; Mr. W. B. Herapath, (with enclosure;) Dr. Allan, Dingwall, (with enclosure;) Dr. Grant, Huntly; Dr. Garrett, (with enclosure;) Mr. J. Skinner, Bath; Mr. Browne, West Bromwich, (with enclosure;) Mr. Ingle, Epping, (with enclosure;) Mr. Taylor, Camberwell, (with enclosure;) Dr. Thos. Skinner, Liverpool; Mr. C. J. Maunder; Mr. Reid; Ethnological Society; Medicus; An Old Subscriber; La Santé; R. M. C.; Senex; Royal College of Physicians; A. J. J.; W. H. F.; Nota Bene; A Madrassee; Scrutator; Chemical Society; W. H. C.; &c. &c.